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DEPARTMENT OF THE ARMY



# ANNUAL REPORT

OF THE

JOINT CHIEFS OF STAFF

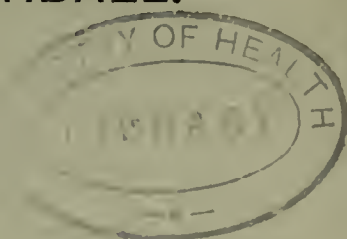
AND

JOINT CHIEFS OF STAFF

1925.



COUNTY BOROUGH OF ROCHDALE.



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

*For the Year ended 31st December, 1925.*

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A. G. ANDERSON, M.D., D.Sc., M.A., D.P.H.,  
Medical Officer of Health and School Medical Officer.

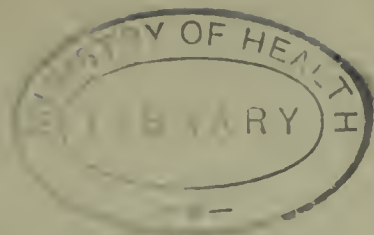
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1926

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# Report of the Medical Officer of Health

FOR THE YEAR 1925.

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## SECTION I.

### Natural and Social Conditions of the Area.

#### Area and Population.

The Borough is 6,446 acres in area.

The population at Census 1911 was 91,428. The population at Census 1921 was 92,700 (Registrar General's adjusted figures). Registrar General's Estimate of population, 1925, was 92,190.

The Registrar General's estimate of the population of Rochdale at 30th June, 1925 (92,190) is based on the adjusted 1921 Census figures (92,700), after allowing for the varying rate of natural increase or decrease as evidenced by the births and deaths in the Borough, and of migration as indicated by the Electoral Register, and the Migration Returns obtained by the Board of Trade.

The estimate for the previous year 1924 was 92,750, so that a slight decrease has to be recorded.

According to the Census of 1921 the population of Rochdale only increased by 1,272 during the decade 1911—1921, as against an increase of 8,323 during the previous decade 1901—1911.

#### Physical Features and General Character.

The town is approximately 4 miles from North to South, and  $2\frac{1}{2}$  miles from East to West, and is situated on the River Roach, a stream which rises on the slopes of the Pennines and flows into the Irwell at Radcliffe after a course of 13 miles measured in a direct line.

As the name Rochdale implies, the town stands in a dale or broad valley, the boundaries of which are high breezy moorland ranges, while many lesser hills and valleys occur within the dale itself

The height above sea level varies from 362 feet to 700 feet.

The sub-soil is chiefly sand and gravel, although clay is met with in the North-Eastern portion of the town, and bog on the Western side.

The majority of the buildings are brick-built. The prevailing wind is Westerly and South Westerly.

The atmosphere has a high humidity, the climate is temperate, and the rainfall averages 45 inches per year.

The trades of the town are numerous, ranging from heavy Engineering Works, Asbestos Works, to Cotton and Woollen Mills.

INHABITED BUILDINGS .. .. .	Census 1911 ..	22,845
	Census 1921 ..	23,399
AVERAGE NUMBER OF PERSONS PER		
INHABITED BUILDINGS .. .. .	Census 1911 ..	4.00
	Census 1921 ..	3.92
NO. OF FAMILIES OR SEPARATE OCCUPIERS ..	Census 1911 ..	22,979
	Census 1921 ..	23,526
RATEABLE VALUE (1926-27) .. .. .		£609,650
SUM REPRESENTED BY A PENNY RATE, 1926-27 (Estimated) ..		£2,300

### Social and Occupational Conditions.

The following table extracted from the Census Returns of 1921 shows the occupations of persons aged 12 years and over :—

	Males	Females
Textile Workers .. .. .	8,638	13,018
Metal Workers .. .. .	5,627	143
Commercial and Financial Occupations .. .. .	2,460	1,038
Transport Workers .. .. .	2,419	93
Warehouse Workers, Packers, etc. .. .. .	1,261	300
Workers in Wood and Furniture .. .. .	1,208	36
Builders, Bricklayers, etc. .. .. .	1,178	8
Clerks, Draughtsmen, Typists, &c. .. .. .	1,069	681
Persons employed in personal service .. .. .	700	1,914
Makers of Textile Goods, Articles of Dress .. .. .	489	733
Paper Workers, Printers, etc. . . . .	468	375
Professional Occupations .. .. .	463	499
Painters and Decorators .. .. .	447	5
Public Administration and Defence .. .. .	410	83
Stationery Engine Drivers, &c. .. .. .	374	..
Agricultural Occupations .. .. .	361	20
Electrical Appliance Makers, Fitters, &c. .. .. .	356	17
Makers of Food, Drinks and Tobacco .. .. .	351	315
Workers in Skins, Leather Goods Makers .. .. .	327	86
Mining and Quarrying Occupations .. .. .	189	..
Gas, Water and Electricity Supply .. .. .	140	..
Persons Employed in Entertainments, &c. .. .. .	110	39
All Other Occupations .. .. .	2,620	118
Totals .. .. .	31,665	19,521



### Poor Law Relief.

The Clerk to the Board of Guardians has kindly furnished the following information as to the amount of Poor Law relief and gratuitous medical relief in Rochdale Borough during the year ended December 31st, 1925.

Total amount of Relief (in money and in kind) .. £14906 13 1

Number of persons who received orders for medical  
relief only .. .. . 413

### Vital Statistics.

	Birth-Rate		Death-Rate		Infantile Mortality	
	1925	1915-24	1925	1915-24	1925	1915-24
ROCHDALE .. ..	15.0	16.5	15.2	15.5	93	101
TEN NEIGHBOURING TOWNS .. ..	18.1	19.9	14.1	15.0	96	104

The vital statistics for each of the past ten years are shown in Table III. Appendix.

### Births.

The number of births registered and belonging to Rochdale during 1925 was 1,382—males 747, females 635, equal to a birth-rate of 15.0 per 1,000 of the estimated population, as compared with 15.6 per 1,000 in 1924, and an average of 16.5 for the ten years 1915-1924.

The rate for the past year is not only the lowest recorded since 1918 and 1919, when for each of these two years the rate was 14.0 per 1,000, but is for the first time slightly below the death-rate for the same period.

	1925	1924	1923	1922	1921
<b>Birth-rate—Rochdale</b> ..	15.0	15.6	17.2	17.0	19.9

Births occurring in institutions show a steady annual increase; during 1925, 377 Rochdale children were born in Hospital—at Springfield Hospital 116, and at Birch Hill Hospital 261.

### Deaths.

1,398 deaths of Rochdale residents were registered in respect of the year 1925, giving a death-rate of 15.2 per 1,000, a slight increase (0.7 per 1,000) compared with 1924, and slightly below the average (15.5) for ten years 1915-1924. The lowest figure recorded in Rochdale is 13.3 per 1,000 during the years 1920 and 1921.

	1925	1924	1923	1922	1921
<b>Death-rate—Rochdale</b> ..	15.2	14.5	13.8	15.8	13.3

The chief causes of death of Rochdale residents is given below along with the corresponding figures of 1924.

	1925	1924
Influenza .. .. .	64	76
Tuberculosis .. .. .	79	85
Cancer .. .. .	152	143
Organic Heart Disease .. .. .	129	123
Other Diseases of the Circulatory System .. .. .	79	76
Bronchitis .. .. .	154	162
Pneumonia .. .. .	101	89
Nephritis and Brights Disease .. .. .	41	44
Congenital Debility and Premature Birth .. .. .	67	53
Old Age .. .. .	133	114
Diseases of the Nervous System .. .. .	107	120

The Death-rate and Infantile Mortality Rate for the past year and during the past quinquennium (1921-1925) show a slight tendency to rise.

This aspect may appear unfavourable if it should be assumed that the progressive fall in these rates during the last half-century was to be continuous.

It must be obvious that absolute reduction in mortality rates cannot continue indefinitely. Both rates have their biological and economic limits, and these limits are determined by many diverse and varying factors, the operations of which are always difficult to assess. Hence, in dealing with all questions of population and rates of mortality it is necessary to take a very wide view, and not too readily ascribe results to any one specific action.

Since the passing of the first Public Health Act of 1875, and the Education Act of 1870, probably most will agree that the chief primary factors which have contributed to Public Health progress, and consequent fall in mortality rates, are (1) Improved sanitation ; (2) General education ; (3) Greatly improved social and economic conditions of the people ; (4) Greater sobriety ; and (5) Better provision for medical care combined with the greater advance of Preventive Medicine.

But although the fall in the mortality rates during the past half-century have always been maintained, when averaged over any period of years, yet the fall has not been continuous from year to year.

There are many other minor factors, transient or incidental, which impose their effects from year to year or over longer periods of time. Such as (1) War and its after effects ; (2) Strikes and their economic effects ; (3) Epidemics of Infectious Diseases ; (4) Local Migration ; (5) Emigration ; (6) Relative changes in age distribution of the population.



To attempt to assess the adverse effect of any one or all of this secondary group of factors for any given time can only be very approximate. But I venture to think it may be stated with some degree of truth that while the incidence of infectious disease is now extremely low in Rochdale, it is difficult to conclude otherwise than that this town, with the rest of the country as a whole, is suffering from the deteriorating effects of the war and recurrent strikes during the past five years, and from the lack of healthy stimulus of interchange of population due to stagnation of migration and emigration, which again may be due to bad trade, and the after-war stay-at-home or safety-first policy.

As regards change in age distribution of the population, this is effected by changes in the birth-rate and longevity, and has a very important bearing in its ultimate effect on rates of mortality.

If the birth rate continually falls and people live longer the cumulative effect is to produce a decrease of population at the earlier periods of life and a greater population at the later age periods. Hence it follows that if the Birth-rate in Rochdale has been continually falling during the past fifty years from 35.9 and always slightly in advance of other towns, it must be expected that sooner or later there will be some resultant fluctuations in the rates of mortality. See Table below.

**Death-rate from All Causes per 1,000 of Population in different age groups given as averages at three Census periods.**

Age Periods	Population at Age Periods 1901 Census	Average Death-rate for Two Years 1901-2	Population at Age Periods 1911 Census	Average Death-rate for Three Years 1910-11-12	Population at Age Periods 1921 Census	Average Death-rate for Three Years 1920-21-22
Under 5 years . .	8413	47.42	8617	39.88	6354	*
5—15 years . .	15287	3.86	16455	2.96	15223	2.85
15—25 years . .	16362	4.03	15957	3.60	16050	3.35
25—65 years . .	40026	15.93	46577	11.95	48410	11.72
Over 65 years . .	3026	116.66	3822	98.90	4779	87.68

\* The rates at each age group for this period are calculated on the population as recorded at Census, 1921, and exclude any correction made by the Registrar General for persons away from Rochdale during the holiday period of that year.

It may appear then to be more profitable to think less of slightly fluctuating rates of mortality and concentrate more on the broader view, purpose and outline of preventive medicine as expressed by Sir George Newman. Here the problem is summarised from the Hereditary, Environmental and Economic aspect. "The fundamental fact which lies at the foundation of preventive medicine is the healthy individual. Environment undoubtedly exerts its direct or indirect action upon him, but it is his own body, with its growth and development, its resistant soil, its natural powers of defence, which forms the basis of health and of scientific prevention.

To start a man fairly on life's journey he requires a sound foundation of physique. We have to think in terms of Race, and thus it comes about that the idea of parentage and ancestry cannot be ignored.

If we are to grow a sound and healthy race of men we must begin, where all good breeding begins, at the source. If we permit ourselves to favour and provide for the unguided propagation of a population of poor physique, or of persons marked from birth with the stigma of alcohol, venereal diseases, or mental deficiency, we shall sooner or later discover that, without taking sufficiently into our reckoning the Laws of Heredity, of transmission, and of Ante-Natal infection, we are building on false foundations.

Thus the problem lying immediately before Preventive Medicine is, first, to rear and maintain a healthy race of people ; and secondly, to continue its exploration into all forms of infection and disease, and to initiate an attack upon all preventable sickness and invalidity. For physical impairment or bodily disablement involving loss of capacity and even unemployability may be a greater evil and a heavier burden to a nation than a rise in the death rate."

### Zymotic Diseases.

The deaths due to the principle zymotic diseases numbered 45, an increase of 9 deaths on the number registered during the previous year 1924.

These 45 deaths include :—

Typhoid Fever	..	..	..	..	..	5
Measles	..	..	..	..	..	4
Scarlet Fever	..	..	..	..	..	6
Whooping Cough	..	..	..	..	..	11
Diphtheria	..	..	..	..	..	7
Diarrhoea and Enteritis (under 2 years age)	..					12

The death-rate from this group of diseases was 0.49 per 1,000, as against 0.39 in 1924, and 0.31 in 1923.

### Respiratory Diseases.

268 deaths were registered as due to these diseases :—

Bronchitis	..	..	..	..	..	154
Pneumonia	..	..	..	..	..	101
Other Respiratory Diseases (excluding Tuberculosis)						13

making a death-rate of 2.90 per 1,000 as compared with 2.88 and 2.46 per 1,000 in 1924 and 1923 respectively.

### Tuberculosis.

Of the 1,398 Rochdale deaths that took place in 1925, 79 were the result of tuberculosis (pulmonary tuberculosis 60 and non-pulmonary 19)—i.e., 5.5 per cent. of all deaths, or 1 death in every 18; this gives a death-rate from pulmonary tuberculosis of .65, and from non-pulmonary tuberculosis .21, or a death-rate from all forms of tuberculosis of 0.86, the lowest recorded for Rochdale; the average rate for the preceding five years is 1.20.

The rates in previous years and the corresponding rates for the whole of England and Wales are as follows :—

	1910 to 1914	1915 to 1919	1920	1921	1922	1923	1924	1925
ROCHDALE .. ..	1.53	1.60	1.40	1.16	1.30	1.23	0.92	0.86
ENGLAND AND WALES .. ..	1.40	1.53	1.13	1.13	1.12	1.06	1.06	1.04

In 1911 a special report was produced describing the very unsatisfactory conditions as regards the incidence, high death-rate, and home conditions in so many cases, where whole families were suffering, one infected from the other until the whole had died off, with no provision for isolation and treatment in either hospital or sanatoria.

With the passing of the Insurance Act in 1911, and the establishment of the Insurance Committee, a new factor was introduced in dealing with Tuberculosis.

From this date until after the outbreak of war in 1914, some cases were sent to outside sanatoria by the Insurance Committee, while the different Sanatoria schemes and arguments which held the field for years were finally held up in suspended animation by the war.

During the early war years, with disabled soldiers returning requiring immediate sanatorium treatment the position became aggravated, and a Departmental effort was made to try and meet the situation without delay by building up a local joint Sanatorium with the County.

The story of the joint discussions with the County, the apparent loss, and rescue of the joint scheme, is now ancient history. But the result was that in February, 1918, a commencement was made with 2—3 beds at Marland Hospital, in what was then a disused and derelict part of the hospital, and in the same year we began to receive a few County cases.



From this small beginning the scheme has survived and been greatly extended, and has achieved very material and vital results.

Through the kindness of the Directors of the D.R. Cotton Mills Ltd., the use of Castleton House was allowed for one year, 1919. Following this, through the great generosity of Ex-Councillor H. Shawcross, who always had great personal sympathy for those suffering from tuberculosis, Wolstenholme Hall, his former residence, has been gifted for sanatorium purposes since we left Castleton House in 1920.

Further, through the local extension of this work the hospitals concerned have greatly benefited. While a pavilion for 18 men has been provided at the Hall, Marland Hospital, through rebuilding, reconstruction, provision of motor garage, motor ambulances, etc., has become materially quite an up-to-date hospital.

The vital statistics, of this work, commenced in 1912, but carried on more actively and intensively during the past ten years, are seen in Table on page 9, which shows that the death-rate for all forms of tuberculosis has been reduced from 1.52 in 1910 to 0.86 in 1925. So that for last year there were only 79 deaths instead of nearly twice that number fifteen or even ten years ago.

Table of Notifications, p. 54, further shows that the notifications for 1925 were 99, as compared with 359 in 1913, the first year of complete notification, and the highest 444 in 1919, the first after-war year, while notifications are now much more complete than formerly.

Although these greatly reduced notifications and the death-rate may still show some fluctuations, the general result is definite and progressive. There appears no reason why, if this work is continued intensively, this disease should not in measured time be eradicated; and there is no factor can assist more than the great extension of the open-air day school. Tuberculosis in the adult should be prevented as far as possible by preventing the beginnings of the disease in childhood.

During the earlier years of this work, it was often very trying for the nursing staff and others engaged in it. There were difficulties inherent to the scheme, and others which were otherwise; while in so many of the cases then admitted, the disease was far advanced, and this was unfortunately true in many of the ex-service men returning from the war. But as our purpose was to mitigate suffering and prevent the massive spread of infection, all such cases were sought out and admitted.

In many of the cases now entering the disease is less advanced, and there is for these more hope of cure or at least arrest of the disease.

Only those who have some knowledge of the slow degrading steps to destitution and poverty, so often experienced in the home of a working man, who is also the bread-winner, can appreciate the humanity, as well as the economic value of this work.

For the greatest incidence of this disease does not fall on the infants nor the aged, but on men and women in the prime of adult life, and at the period of their greatest economic value to themselves, their families and the State.

It is interesting to note that the death-rate from tuberculosis in the seventies was round 3 per 1,000 of the population, and that from 1870—1910, through a period of forty years, the death-rate fell from 3.0 to 1.52, or one-half; and that from 1910—1925, through a period of fifteen years, the death-rate has fallen another half, to 0.8.

From this it may appear, and it gives much scope for reflection, that the slow silent operation of the great underlying principles of preventive medicine, which neither rest nor make haste, but dating also from the seventies, would in time achieve their object irrespective of active interference; and therein lies the further reflection that, as active measures are wisely chosen they may on the one hand accelerate true natural progress; or on the other hand, if unwisely chosen, retard true natural progress, or it may be to give the specious appearance of what may be found in the end to be an artificial progress, and which is usually very costly. Evidence of this, in time, will be forthcoming when the nation may find it necessary to present the assets against the liabilities of the national expenditure in Public Health and Social Services.

A full statement of the work carried out during the past year in connection with the treatment of Tuberculosis has been prepared by Dr. J. C. Robertson, Tuberculosis Officer. See Section VI. (b) p. 54.

### CANCER AND CANCER RESEARCH.

During the past year Cancer was the cause of 1,336 deaths per 1,000,000 of population, and in this Borough of 1,398 deaths 152 were due to this disease.

The statistics now indicate that of every 7 persons who reach the age of 30, one will die from Cancer.

The question is frequently asked is the increase in the incidence of cancer apparent or real? This question may be answered in different ways. But there is a comparatively new factor which increasingly affects this incidence more than formerly.



Cancer is comparatively rare before the age of 30, and occurs most frequently during the 50—60 age period. Hence, as people now live longer the number of persons between the 50—60 age period increases, and consequently part of the increase of cancer may be explained by this increased longevity. Again, whereas cancer in earlier years was diagnosed most frequently in the tongue, liver and uterus, it is now more frequently than formerly diagnosed in the stomach and intestines, and this change is probably again partly due to longevity, but more so to better powers and means of diagnosis.

It is tantalising and disappointing that in spite of organised research in every civilised country, by the ablest investigators, the etiology or cause of this disease still remains undiscovered—a perplexing mystery. But at the moment there is an uncommunicable feeling of hope and confidence among research workers that these mysteries will be solved, and that the solution may not be far off.

It is very satisfactory to know that in this work British institutions maintain a leading part, both as to investigation of cause, and recently as to the possibilities of anti-serum treatment.

- (1) Cancer is not hereditary nor contagious, and usually occurs after 30 years of age.
- (2) The chance of cure depends on early recognition and immediate treatment.
- (3) But the cure and treatment is summed up in preventive surgery—early operation.
- (4) Yet in 9 cases out of every 10 that prove fatal there is unfortunately neglect or failure to seek early medical advice.
- (5) EXTERNAL CANCER.—At first Cancer appears as a small local growth which usually can be safely and easily removed. Hence, any small lump which appears in the breast should be at once seen by a medical man ; also all sores on the lip or tongue ; lumps, cracks, lacerations on any part of the body which persist ; and also moles or birthmarks which change in size, colour or appearance, as these may turn into Cancer unless treated and cured.
- (6) INTERNAL CANCER.—(a) Persistent or irregular discharges or bleeding from the womb ; (b) Persistent indigestion with loss of weight ; (c) Colicky pains and constipation, and blood in stools, may indicate respectively cancer of womb, or stomach, or bowel.

The beginning of this disease is usually painless and insidious, and hence it is a treacherous disease because of the danger in delay of getting medical treatment.

If cancer was ushered in like a raging toothache, or with the dull pain of an earache, there would be less danger of fatal delay.

Much of the despair and fatalism with which Cancer is regarded is due to the fact that the great majority of cases are only recognised and medical aid sought when cure is impossible.

It is again repeated that there is always a good chance of cure of Cancer in any part of the body if recognised early, and the earlier the greater chance of cure.

### Infantile Mortality.

129 deaths of infants under one year of age were recorded during 1925, as against 113 in 1924, equal to 9.2 per cent. of the total deaths.

The chief causes include :—

Congenital Debility and Premature Birth	..	57
Pneumonia .. .. .	..	17
Digestive Diseases .. .. .	..	13
Malformation .. .. .	..	9
Injury at Birth .. .. .	..	7

making 103 of the 129 total infant deaths.

Calculated per 1,000 births registered the infant mortality rate was 93 as against 78 in 1924, and 76 in the year 1923.

This increase is mainly due to the greater number of children whose deaths were due to congenital defects and malformation, debility and to premature birth—66 against 51 the previous year, 46 of which died within one month of birth.

For full particulars as to causes and age at death of children under one year during 1925 see Table IV., Appendix.

Compared with the average rate of mortality during the ten years 1915-24, the past year showed a decrease of 8 per 1,000 births. The lowest rates recorded during the past decade was 76 in 1923, and 78 in 1924 ; the highest was 126 per 1,000 births in 1919.

	1925	1924	1923	1922	1921
<b>Infantile Mortality—Rochdale, per 1,000 births</b> ..	93	78	76	97	88

From the seventies down to 1923 the infantile mortality rate in this Borough has fallen from over 160 to 76, the lowest number per 1,000 births during the first year of life, but during the past two years shows a tendency to rise. But this great reduction has been chiefly due to improvement in post-natal conditions, such as improving sanitation, improved methods of feeding, and more medical supervision, with consequent great decrease in the seasonal incidence and death roll from zymotic enteritis, although this cannot be considered the full explanation or cause of the sudden disappearance of this disease in recent years. Whereas on the other hand the now historic group of diseases largely

due to racial deterioration, or to pre-natal causes or conditions, and represented in the yearly tables of mortality by such nomenclature as immaturity, congenital defects and malformations, wasting diseases, convulsions, etc., remain, with slight yearly variations, constant, and are still the cause of the high infantile mortality during the first few weeks of life, and account for about half the total yearly infantile mortality.

Our knowledge of this exceedingly complex group of diseases, or rather racial weaknesses and defects, is unsatisfactory, and likewise their notification, which may often be determined on some dominant terminal symptom which is not the disease.

Not only is much more research and investigation required, but also of paramount importance is the development of the health conscience and race conscience, when a progressively enlightened public opinion will expect everyone, not only to recognise individual responsibility for one's own health, but also that of one's neighbour.

That this category of diseases with its mortalities will be reduced there is no room for doubt. For to-day there is a growing appreciation not only of the personal advantages, but of the communal responsibility for the cultivation of the health habit, and as it progresses public opinion, taste and fashion will consider it to be a wrong or an ill to be diseased or inefficient.

Meantime all Maternity and Child Welfare Clinics, Ante-Natal Clinics and Venereal Diseases Clinics properly organised and worked for a definite purpose, should have an increasing effect, not only in reducing Maternal Mortality, but also this type of Infantile Mortality, as both these mortalities show a close correlation.

Also all other public health measures, school physical training and medical services, boy scout movements, and other agencies such as the public press, which have for their aim and purpose the raising of the general standard of health and physique of the people, are contributing a no less important part in the dissemination of the knowledge of the laws of health, and of applied hygiene in every-day life in such essential matters as—physical exercise in the open-air and sunlight, healthy amusements and games in which each one plays the game ; adequate diet as compared with sophisticated adulterated and dirty foodstuffs, healthy clothing, sobriety, cleanliness in all things and the cultivation of the personal and public hygienic habit. The gospel of self-help and self-interest in ones own health is economic, safe and sound preventive medicine. For in the end, when all is said and done, health is largely a personal matter.



Everything and every influence which tends to raise the general level of health, virility, soundness of body and physique of the people will equally in effect tend to reduce the number of children born with such physical disabilities or congenital defects as not to be able to survive the first few weeks of life.

### MATERNAL MORTALITY.

A very full report of the work done during the past year under Section VII. dealing with Maternity and Child Welfare has been compiled by Dr. J. Valentine. But it must be admitted that the maternal mortality rate, that is the number of maternal deaths per 1,000 live births, is not satisfactory. In Table V. it is seen that during the quinquennia 1915-1919, 1920-1924, the average maternal death-rate for 10 comparable towns was 5.34 and 5.12, and for 1925 3.87; while the corresponding rates for Rochdale were 7.06, 5.39 and 12.30; while for England and Wales the two available quinquennial rates were 4.07 and 3.55; From Table V., it will be seen that maternal mortality in this Borough has shown wide fluctuations during the past decade from the lowest of 3 deaths in 1924, to the highest of 17 in 1925, but this may be considered an exceptional year with some exceptional circumstances.

In her monograph to the Ministry of Health on Maternal Mortality in England and Wales (1924), Dame Janet Campbell, M.D., takes the year 1913 as a normal pre-war year, and finds that, while there were over 3,000 maternal deaths, or over 4 maternal deaths per 1,000 live births directly due to diseases of pregnancy or accidents of child-birth, there were for the year nearly 800 other deaths due to causes accelerated or aggravated by child-bearing, and further, that probably a greater number than those who succumbed had become permanently injured or invalided, and that an incalculable amount of untreated injury and ill-health result from pregnancy and child-birth. Further that Maternal Mortality has not declined in proportion as the death-rates from all causes of women at reproductive ages (15 to 45), nor as the general death-rate for all persons at all ages. For, while the general death-rate and Infantile Mortality rate have declined by one-third and one-half respectively during the past twenty-five years, two mortality rates now remain constant—Maternal Mortality, and the Infantile Mortality of the first few weeks of life which is closely correlated to the former.

Consequently, the child-bearing woman is not sharing equally with the rest of the population in the improved Public Health.

Since the issue of this report the polemics of incessant conferences, discussions and letter writers have brought much confusion, and served to engender a tendency to recrimination and a search for victims, while maternal mortality tends to increase.

Some would blame the quality of medical practice, some the midwives, and some both. But if blame is to be apportioned, the Ministry, Health Authorities, and public opinion have also their responsibilities in no less degree, and who possesses such correct knowledge and fine sense of justice as to hold the balance equally.

Even if it is admitted with Dame Janet Campbell that there are some Medical Practitioners lacking in Obstetric skill, and that some midwives in their practice may even be a source of danger ; and further that this lack of knowledge, skill, and care on the part of the few is responsible for much of preventable maternal mortality, still a whole professional class cannot be condemned for the professional inefficiency of the few.

For, on the other hand, it is admitted by leading obstetricians at home and abroad, that the great majority of British Medical Practitioners exhibit a high level of obstetric knowledge, skill, and care, and certainly not inferior to what obtains in any other country.

But, again, even if every medical practitioner was an expert obstetrician, and every midwife immaculate, that would not in itself appreciably affect preventable Maternal Mortality, unless the public, guided by an enlightened public opinion, should now consider and expect efficient ante-natal medical supervision, as the necessary corollary of every pregnancy. In practice, as at present, how often does it occur that, not only the mother, but the doctor and midwife concerned in attendance of the case are the victims of the one inexorable circumstance—of being—too late. If the doctor had only been consulted but yesterday, ordinary obstetric skill could probably have readily prevented some advancing obstetrical trouble which no expert obstetrical skill can avert to-day. Consequently, as a primary and pivotal movement, there is required the cultivation of the Obstetric habit of every expectant mother consulting her medical attendant at least a few weeks before confinement.

All obstetricians and medical men are agreed that the diseases of pregnancy and accidents, or disasters of child-birth, can be to a very great extent prevented, but they have to be prevented ; and consequently, that any clinics established for this purpose will be successful, in proportion as they are organised and conducted on the basis of securing the mutual sympathy, co-operation and team-work of all concerned—mothers, doctors and midwives.

There are at present under consideration two schemes for the reduction of Maternal Mortality :—

- (a) The further development of the Ante-Natal clinic system.
- (b) The institution of a complete and separate self-contained Maternity Medical service under the ægis of the Ministry of Health, to be carried out by County and Local Health Authorities.



### A.—Ante-Natal Clinic.

The advent of the Ante-Natal clinic recognises that obstetrics comes within the category of preventive medicine. For it only requires a brief survey of the troubles and diseases of pregnancy and disasters of child-birth to recognise that they are to a very great extent preventable by early recognition and treatment. Hence, this clinic properly organised should become a very important factor, not only in greatly reducing Maternal Mortality, but in greatly preventing that incalculable amount of ill-health and invalidity caused by maternity.

For a Borough of the size of Rochdale there should be at least one fully-equipped central Ante-Natal clinic, or if thought more convenient for attendance, one on the north side and one on the south side of the town. These centres should also be utilised for the weekly afternoon Maternity and Child Welfare clinics.

Such centres should be linked up and work in connection with some institution where the beds are entirely reserved for observation cases, emergency cases and such necessitous cases, as require or are likely to require Ante-Natal, Natal or Post-Natal treatment, with the purpose of preventing the diseases of pregnancy or accidents of child-birth, and reducing maternal mortality.

If hospital provision is provided for women who may wish for other reasons to have their confinements in hospital, and for primiparæ this should be encouraged, this part of the scheme should be treated as subsidiary and supplementary and placed on a different economic basis.

Provision should also be made for cases of Puerperal sepsis. For this purpose a small ward, if available, or built at the infectious diseases hospital has much to commend it. This provision is long overdue.

Further, every Ante-Natal clinic must either be provided with an adequately equipped chemical and bacteriological laboratory, or linked up with one.

But it should be stated at once, that however complete the material provision and equipment, experience shows that, unless any such scheme is initiated and controlled by correct professional and wise policy, it may be found difficult in practice to get into close personal and professional relationship with those for whom the scheme is provided. While all mothers are invited to attend for Ante-Natal advice, the clinic must provide especially for necessitous mothers and for others who may be recommended for Ante-Natal supervision and care. Such cases as come within the professional knowledge of medical men and midwives in routine practice. Such cases may be few, but it is the few, who, suffering from some of the diseases of pregnancy, or some concurrent diseases, and more liable thereby to the accidents of child-birth, drift on, undiscovered, to confinement without any Ante-Natal medical supervision or preparation, that cause the high maternal mortality.

Of the 17 maternal deaths during the past year no one appears to have had or to have been recommended for any Ante-Natal medical supervision, and there is the reflection of how many of these lives might have been saved by timely Ante-Natal medical supervision and care.

Further, of the 378 cases for whom Midwives sent for medical help during child birth, it also appears that none had received nor had been recommended for any Ante-Natal supervision.

Hence, the Ante-Natal clinic must be established and developed on the basis of team work, by securing the cordial co-operation of both the Medical Men and the Midwives—the former to recommend patients requiring Ante-Natal care, the latter to attend the clinic with their patients.

To facilitate this working arrangement Midwives should be incorporated into the Public Health service, their status and remuneration determined, and their work correlated with the Ante-Natal clinic.

The Clinical Medical Officer in charge should possess such obstetric qualifications and experience as to inspire the confidence of Medical Men, Midwives and Mothers, and additional expert obstetric advice should be available when such is required.

Experience also shows that all such Municipal schemes, like the well-managed public or private business, should be under the direct control of one responsible official—here ostensibly the Medical Officer—to whom the staff—must be directly responsible, while the former is held responsible to the Council and Ministry. Only in such professional and business manner can success or failure be detected and assessed.

#### THE OBJECTS AND WORK OF AN ANTE-NATAL CLINIC SHOULD INCLUDE :—

- I.—General Medical Examination and Advice.
- II.—Examinations of Urine and Blood, and Measurements of Blood Pressure.
- III.—Determination of Presentation during last month of pregnancy, which should include determination of lie position and flexion.
- IV.—Measurement of Pelvis and estimation of possible disproportion between head and pelvis.

## V.—Examination for Vaginal Discharges or for Venereal Diseases.

I.—(a) THE GENERAL EXAMINATION.—This should include the full systemic examination of every primipara and every multipara when seen for the first time. A system of cards should be provided, properly filed and indexed. To each patient a card is allotted and the results of the general systemic examination entered. At this or subsequent examinations the obstetric history, pelvic measurements, and urine examinations will be filled in at suitable times and convenience.

Then as to advice, the Ante-Natal clinic should be a great teaching centre. If the diseases of pregnancy and the accidents of child-birth are to be prevented the people must have knowledge, and through such knowledge to take a personal interest in their own health and prevention of disease. Hence, sure provision should be made for the spreading of knowledge on the following group of subjects.

- (b) PERSONAL HYGIENE OF PREGNANCY.—Advice as to dress, diet, baths, teeth, exercise, regulation of bowels, treatment of nipples, etc.
- (c) PRESSURE SYMPTOMS.—Advice on the significance and treatment of any pressure symptoms, e.g., Varicose Veins, Haemorrhoids, Oedema, Cramp, frequency of micturition.
- (d) SEPTIC SORES OR FOCI.—Susceptibility of Pregnant Women to Septic Foci, such as Caries, Pyorrhoea, Sore Throat, etc., and importance of prevention in view of autogenous infection causing puerperal sepsis.
- (e) THE MINOR AILMENTS OR TOXAEMIAS, such as morning sickness, nausea, vomiting, pruritus, sleeplessness, irritability, neuralgia, salivation herpes, perverted appetites, etc.
- (f) SIGNIFICANCE AND IMPORTANCE OF THE MORE SERIOUS SIGNS AND SYMPTOMS OF THE MAJOR TOXAEMIAS, e.g., persistent headache, vomiting, swelling of face or ankles, etc., which may indicate the major toxæmias, e.g., the Pregnancy Kidney, Eclampsia, Hyperemesis, Gravidarum, Icterus Gravis Gravidarum, Neuritis and Insanity.
- (g) HAEMORRHAGES.—Signs and symptoms of the different types of haemorrhages from such as threatened Abortion, Fibroids and Cancer, as distinguished from Placenta Praevia and other ante-natal haemorrhages.

Ante-Natal haemorrhages, although etiologically and pathologically closely allied to the Toxaemias, cannot be prevented by ante-natal supervision, but the Mortality could be greatly reduced by prompt and appropriate treatment which often depends in this type of case more on the wise choice and skilful management of labour than in any active operative interference. With mild cases the mortality should be low or nil, but with severe cases the mortality is still very high. Herman taught many years ago that a slow labour with the least interference after say plugging to arrest the haemorrhage, is the safest for the patient, and in many hospitals this obstetric procedure is now generally adopted with the



result of a considerably reduced mortality. The obstetric practice that the delivery must be hurried to arrest the haemorrhage seems to require modification. For to-day, the greatest mortality is still due to the shock of quick delivery following severe haemorrhage.

All cases of haemorrhage should be at once removed to hospital unless the patient can be attended immediately by her own medical man. Such cases require special care and treatment, and many are lost through arriving too late in hospital.

**II.—Examination of the Urine.**—The examination of the urine is of great diagnostic importance during pregnancy, and after the middle of pregnancy should be examined every fortnight, and during the last month once a week.

For purposes of routine examination the urine should be carefully examined for (1) Albumin, and (2) Sugar. But certain clinical conditions will suggest further examination for say Nitrogenous conditions of blood and urine—Micro Examination for Renal and Blood Casts—Estimation of Blood pressure—Diastatic Test—Bile Pigments—and MacLean's Concentration Test for Renal efficiency.

(I) ALBUMIN.—The urine should be examined for Albumin by the more delicate salicylsulphonic Acid Tests, which are more delicate than the other Acid or Heat Tests.

If Albumin is present it should be confirmed by catheter specimens. If still present a microscopic examination should be made for pus cells in view of elimination of cystitis or pyelitis. Then a differential diagnosis has to be made of Pregnancy Albuminuria as distinct from functional Albuminuria which may be neglected, and the Albuminuria of Chronic Nephritis or the Cardio-renal Complex.

In the two latter conditions the treatment is very different and the prognosis in pregnancy grave, whereas on the other hand Pregnancy Albuminuria is generally the first and most common prodromal symptom of toxæmia, and consequently its early ante-natal recognition is of supreme importance. For not only is Pregnancy Albuminuria very amenable to treatment, but early prophylactic and preventive treatment is nearly always successful in preventing the more serious or major toxæmias supervening—especially eclampsia, the most common of the toxæmias.

The one exception to this statement is in the rare toxæmia of Icterus Gravis Gravidarum, usually late in pregnancy, where the Albuminuria may be preceded by persistent and uncontrollable vomiting.

Any case of protracted Albuminuria must always receive serious attention, for to-day there are many cases of Chronic Nephritis, with its increasing dangers at each recurring pregnancy and ultimate shortening of life, due to a primary neglected Albuminuria of pregnancy.

(2) CARBOHYDRATE METABOLISM IN PREGNANCY AND GLYCOSURIA.—Clinical experience, supplemented by experimental evidence, seems to show that probably carbohydrate metabolism and equilibrium depends on the finely balanced, but as yet ill-understood, interaction of the endocrine glands, including the pancreas with its product insulin, with the functions of the liver and kidneys.

Further, there is increasing experimental evidence from the study of animal physiology that in all animals very early and during pregnancy the endocrine glands—thyroid, pituitary, pineal, thymus and adrenals become activated; and clinical and experimental observations appear to confirm that the same changes occur in woman. There is an increase in size often visible in the thyroid of the neck and their internal secretions are increased during pregnancy.

The discovery of the endocrine or ductless glands and their complex functions, so far as yet known, has changed the whole aspect of modern physiology. Until the discovery of these glands the chief regulating mechanism was considered to be the nervous system and the circulation of the blood. But we now know that these endocrine glands produce stimulating hormones and quieting chalone, or substances which can exert an accelerator or inhibitory influence; and that the chief functions of these chemical substances or messengers, sent forth in the blood stream to all parts of the body, is to exert a regulative action on the functions of the different organs of the body, and to secure, as it were, their perfect orchestration.

Further research on the activities and functions of these glands are likely to throw some light on the more obscure conditions, processes, and toxæmias of pregnancy.

Already an extremely interesting light has been shed on the intimacy of the ante-natal partnership or symbiosis between mother and foetus, by the discovery, that there is a mutual and reciprocal interchange of maternal and foetal hormones during pregnancy. This interchange of hormones probably provides the necessary stimuli and regulative control, not only of foetal development, but of the progressive anatomical and physiological maternal changes which support gestation and provide for lactation.

Further, as it appears that two of the earliest biochemical changes in pregnancy is altered carbohydrate metabolism and the production of ferments by the developing ovum; and since we know the former is influenced very early in pregnancy by the endocrine complex, it may be found, that the beginnings of



toxaemias may be due in some degree to the failure of this regulative influence to control the normal physiological production and use of the powerful proteolytic ferments secreted by the trophoblast of the developing ovum, with the consequence that these ferments and later placental ferments, and autolytic products escape into the blood circulation.

**GLYCOSURIA.**—The altered carbohydrate metabolism in pregnancy is seen in the frequent condition of glycosuria or its easy production, and the indirect evidence of acidosis. It is estimated that about 30 per cent. of all cases of pregnancy pass through a glycosuria phase. While normal carbohydrate equilibrium is maintained, 0.18 per cent. represents the renal threshold of the sugar content in the blood. If the sugar in the blood rises above this amount it is excreted by the kidneys and appears in the urine. But during early pregnancy the interaction of the endocrine complex seems to have the effect of frequently lowering the renal threshold, and sugar may appear in the urine when the blood sugar content is reduced to round 0.12 per cent. This type of case, glycosuria with no hyperglycaemia, is known as "Renal Diabetes of Pregnancy," and so distinguished from true diabetes in which hyperglycaemia is predominant, and the blood sugar content above 0.18 per cent.

Three types of Glycosuria or sugar in the urine have to be recognised in pregnancy:—

- (a) The benign type of early or late pregnancy and unaccompanied by any serious symptoms.
- (b) The pseudo-toxic type, usually during the latter half of pregnancy, and often associated with mild symptoms of toxaemia. Both (a) and (b) are types of "Renal Diabetes of pregnancy," there is glycosuria but no hyperglycaemia as in diabetes (c). But as insurance statistics show that from 20 to 30 per cent. of these mild types (a) and (b) may be the precursor of true diabetes, it is highly important that all such cases receive adequate treatment to which both are amenable.
- (c) True Diabetes Mellitus.—It is well that women suffering diabetes seldom become pregnant, as the prognosis is always grave. Even with the careful administration of insulin—the most effective treatment—the risk of pregnancy is great and mortality high.

**NITROGENOUS METABOLISM.**—Various clinical conditions, such as apparent altered or perverted nitrogenous metabolism, may suggest estimation of blood urea content, or urine urea content, ammonia co-efficient and other tests. But maternal nitrogenous metabolism undergoes great variations which are now known to be physiological and necessary, and not now considered as formerly to be pathological, and as a probable cause of auto-intoxication and toxaemia. Further, renal nitrogenous excretion is not usually seriously impaired in true Pregnancy Toxaemia. Hence, neither the estimation of Urea nor Ammonia Co-efficient is of much value in indicating either ureogenic function nor of impairment of Renal or Hepatic tissue.

In the true toxæmias of pregnancy the blood urea content seldom rises above 75 mg. per 100 cc., even in the most severe cases of eclampsia, as compared with 20—45 mg. per 100 cc. in the normal non-pregnant condition and 10—20 mg. per 100 cc. during the latter half of normal pregnancy. If the blood urea content is above 75 mg. per 100, this invariably indicates a condition of chronic nephritis aggravated by pregnancy. The urine urea content undergoes such sudden variations in a few hours that its estimation alone is not a sufficiently reliable test for impairment of hepatic or renal tissue not for the purpose of forming a diagnosis as to any operative procedure.

The microscopic examination of urine for renal and blood casts ; tests for diastase and bile pigments, and estimation of blood pressure will suggest themselves in various cases ; as also the test for renal efficiency. For this MacLean's method is the most simple and most efficient. But it must be kept in view that in toxic pregnancy the renal condition may undergo such rapid changes that the test is only of value at time of estimation.

This test is chiefly a war product, and is a test of the power of concentration by the kidney of urea from the blood into the urine. The concentration by a normal kidney is 3 per cent. or more. Anything below 2 per cent. indicates impairment of renal function and tendency to Azotaemia or failure in nitrogenous excretion.

All chemical or bio-chemical tests must be considered in relation with the clinical signs and symptoms, which for the diagnosis and treatment of Toxæmias, may still be held as the more reliable in spite of the great advance in Bio-chemistry. Still all chemical tests supply invaluable data which may confirm or modify clinical evidence.

It is estimated by leading obstetricians that the Toxæmias of Pregnancy, which cause over 500 maternal deaths per annum, are largely preventable, and that four-fifths of these deaths are preventable by efficient ante-natal supervision and medical treatment.

**III.—Determination of Presentation.**—By determination of presentation during the last month of pregnancy and before the onset of labour, many unfavourable or malpresentations can be discovered. These in so many cases can be converted into more favourable presentations by the many different and effective modern methods of treatment, or by manual or instrumental manipulation. Even if this should fail provision can always be made for all possible emergencies.

**IV.—Measurement of Pelvis and Estimation of Possible Disproportion between foetal Head and Pelvis.**—By measurements of the Pelvis and finding if there is any disproportion between the foetal head and pelvis it should be possible to detect every case where mechanical difficulties are likely to occur.

By determination of presentation before the onset of labour and the correction of malpresentations, combined with the detection of any disproportion between foetal head and pelvis, it should be possible to prevent, or at least to greatly reduce, the obstetrical disasters or accidents of child birth which cause annually over 300 maternal deaths.

V.—**Venereal Diseases.**—The disastrous effects of these diseases is writ largely on the pages of the past history of the race, and has contributed largely in the past to maternal and especially infantile mortality. But by modern methods they are amenable to treatment.

One can almost feel assured that if a woman who is suffering from Syphilis can be treated before the last two months of pregnancy, the chances of an uninfected child are very good. This is one of the most striking successes of the treatment of Syphilis—the treatment of the foetus before birth by treating the mother.

### PUERPERAL SEPSIS.

What can the Ante-Natal Clinic do to reduce Puerperal Sepsis ?

- (1) Puerperal Sepsis differs from the other diseases of pregnancy in this, that it is caused by bacterial infection, the etiology of which is fully understood.
- (2) During and after parturition parts of the Genito-urinary canal are comparable to an open wound or wounded surface, while the powers of resistance of the patient may be temporarily lowered.
- (3) Hence, if bacteria get there, the risks of puerperal sepsis are greatly increased ; so conversely, to prevent puerperal sepsis, is to prevent bacterial infection.
- (4) Where do the bacteria come from ? Autogenous or self-infection from septic foci or septic conditions of the patient's own body are probably not frequent. Most frequent is exogenous infection ; that is infection transmitted by contact with hands or instruments, or by anything about or around with which contact is made, and which is not sterile.
- (5) Hence it follows that the woman in the slum may have her confinement as safe in the slum as the Duchess in the palace, so long as the labour is normal and there is no necessity for operative interference.
- (6) But this also suggests the necessity to provide institutional beds for necessitous cases when operative treatment is required ; and also the pursuit of the ideal that all obstetric examinations and operations shall be conducted on the same aseptic principles as obtain in the case of a major operation.
- (7) The Ante-Natal Clinic.—Through ante-natal supervision and diagnosis, and by determination of presentation, and any pelvic irregularities before the onset of labour, it should be possible to prevent many obstetric cases arriving at the operation table ; and even if operative interference is considered advisable or necessary, ante-natal supervision and preparation should prevent patients arriving in a neglected condition, and possibly suffering from forceps-failure, lacerated tissues, haemorrhage and shock, or such other conditions as render the patient very liable to puerperal sepsis in spite of every operative care.



### **Improved Obstetric Training and Research Work.**

Apart from the Ante-Natal Clinic and its sphere of activities, there is need for improved obstetric training and research work. British Universities, true to their respect of traditions, have failed, until quite recently, to recognise that the teaching of Midwifery is of no less importance than the teaching of Medicine and Surgery. This was epigrammatically expressed by the late Sir Wm. Sinclair, a distinguished teacher of Midwifery in Manchester, when he commented on the time taken up by Medical Students sitting on benches watching the performance of major surgical operations which few would ever be called on to perform, while midwifery and diseases of women and children which they would practice were comparatively neglected.

To every Medical School there should be attached Maternity Wards, and the clinical and practical bedside teaching of obstetrics and gynaecology placed on the same level of time and importance as the clinical teaching of medicine or surgery.

Such a course would provide the opportunity for demonstrating the importance of conservative and preventive treatment, and the factors to be seriously weighed in determining the time and manner of application of forceps treatment, or other operative measure.

Although the Science and Art of obstetrics have not shown the same phenomenal advances in recent years as some other branches of medicine, yet no branch of medicine at the moment is receiving more serious consideration by the Clinician, the Bio-Chemist, and Research Worker.

From such activities there seems to be a growing consensus of opinion that there should be a reorientation of many of our views as regards the management of labour—e.g., (a) From a scientific investigation of over 300 still-births some further consideration is suggested regarding the mechanics of the parturient canal and foetal head in relation to the possibilities and limits of head moulding, and the limits and effects of stresses and strains in forceps delivery as a cause of intracranial haemorrhage and foetal death. (b) The physiological principles involved in the tendency to shorten normal labour by application of forceps and rapid delivery. (c) That in treating such cases as eclampsia, placenta praevia, and other ante-partum haemorrhages, it is now considered much safer for both mother and child to adopt as a general principle, more preventive and conservative treatment, and to refrain from too hasty operative interference.

### **Heredity and Environment and Maternal Mortality.**

As Sir George Newman so frequently emphasises, all questions of health, disease, and mortalities, as they effect every section of the population are based in their ultimate analysis on the fundamental facts of Heredity, and Environment which includes preventive as well as curative medicine.

Are the effects of these basal factors such as to develop the healthy body with its resistant soil and natural powers of resistance so as to meet the stresses and strains, diseases and accidents of life? If the human body is healthy with strong natural powers of resistance and able to meet the stresses and strains, infectious diseases and accidents of life, then life will accordingly be prolonged to its natural biological limits.

Hence the problem to prevent disease, reduce mortalities and prolong life to natural biological limits is to produce a healthy race. But the history of nations in their rise and fall show that this can only be done by a wise and judicious reckoning of the effects of the laws of heredity, and while judiciously improving the physical, give careful heed to the eugenic environment also, as the easiest environment may not be the best to produce the fittest and the best with survival—value.

Pregnancy or child-bearing is not a disease, but a normal and natural physiological process. But this normal and natural physiological process imposes a greatly altered and increased metabolism on the part of the mother in making provision for the growth of the foetus, uterine, and placental tissues as well as provision for lactation.

But increased constructive metabolism also implies increased destructive metabolism in the breaking down and conversion of waste products into such innocuous bodies as can be removed by the organs of excretion.

Hence it follows, that if there is any weakness or deficiency on the part of the maternal organs, this natural physiological process may very readily pass into a pathological or diseased process, which may, or may not, be amenable or preventable by Ante-Natal or Medical care.

Again, the physical environment to many may seem to be remotely connected with the death of a woman in pregnancy or child-birth. But reflection will show the close correlation, in many cases, even to cause and effect. One has only to consider such bad environmental conditions as tend to produce rickets and other diseases, which may be the cause of deformed bones and pelves, and other weaknesses of bodily structure.

Or again, all such conditions as lead to domestic uncleanness, such as overcrowding and insanitation, defective lighting and ventilation, and defective water supplies. Such conditions often in their cumulative effect mean disaster at the time of confinement.

The former may be, and often is, the cause of obstetric difficulties, which may lead to disaster at child-birth, and certainly the latter militate against the confinement being carried out on aseptic principles. And we know that if every confinement could be carried out on aseptic principles the maternal mortality would be greatly reduced.



Maternal mortality, like disease, is not a detached entity, or enemy outside the human body, it is rather a result or sequence which is largely determined by the quality of the race and the application of preventive medicine, but preventive medicine at the right time. Preventive medicine is thus no less concerned with the production of the healthy body, and for a woman a body equal to bear the burden of maternity, than with the propagation of the knowledge of how to maintain health and prevent the diseases and accidents of life. For this purpose, as applied to Maternity, the Ante-Natal clinic properly organised and worked should become an invaluable institution.

### **B.—The Proposed Maternity Medical Service.**

The institution of a complete and separate self-contained Maternity and Medical Service under the ægis of the Ministry of Health, to be carried out by County and Borough Health Authorities, or what appears to be the creation of a brand new separate maternity medical service does not appear warranted on the basis of other experience, nor on results likely to be achieved. The foundation of the Medical service must always be the Medical Practitioner, and if preventive medicine is to make real progress it can best be secured by the co-operation and team work of all medical practitioners.

There is a growing recognition that curative medicine cannot be divorced from preventive medicine, and consequently that the medical practice of the future will concern itself with the maintenance of health and prevention of disease no less than with the cure of disease.

Experience shows that sectionalising medicine often tends to work being carried on in water-tight compartments, and is the negation of the above ideal of team work and of everyone in the preventive medical service.

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## **SECTION II.**

# **General Provision of Health Services in the Area.**

### **A.—Professional Nursing in the Home.**

(a) **General.**—The general home nursing in the town is carried out by the Staff of the Queen Victoria Jubilee Nurses' Home, which is located at Sparrow Hill, Rochdale. One Matron, one Assistant Matron and eight Trained Nurses form the Staff, and the institution is mainly supported by voluntary subscriptions.

(b) **Infectious Disease.**—In outbreaks of Measles, Whooping Cough and Chicken-pox, where the Local Authority consider home nursing assistance necessary, arrangements are made with the Queen Victoria Jubilee Nursing Home for Nurse to visit the cases along with the Staff of Health Visitors. For such assistance the Local Authority pay the usual scale of charges.

**B.—Midwives.**

No practicing Midwives are employed or subsidised by the Public Health Authority. 38 Midwives were registered as practicing in the district during 1925.

**C.—Clinics and Treatment Centres.**

The Local Authority provide the following Clinics at the places and times stated :—

Place	Day and time of opening
<b>1.—Maternity and Child Welfare Clinics.</b> (Consultation and Advice.)	
(a) St. Luke's Sunday School, Deeplish .. ..	Monday, 2 to 4 p.m.
(b) St. Clement's Sunday School, Spotland Bridge ..	Tuesday, 2 to 4 p.m.
(c) Milton Sunday School, Smith Street .. ..	Wednesday and Thursday, 2 to 4 p.m.
(d) Castleton Wesleyan School, Essex Street ..	Friday, 2 to 4 p.m.
(e) Ante-natal Clinic (Milton Sunday School)	Wednesday, 10 a.m. to 12 noon.
<b>2.—Tuberculosis Clinics—Tuberculosis Dispensary, Elliott Street .. .. .</b>	
	Monday and Friday, 10 a.m. to 12 noon
	Tuesday, 5-30 to 7-30 p.m.
	Wednesday, 2-30 to 4 p.m.
<b>3.—Venereal Diseases Clinic—</b> The Infirmary, Redcross Street .. .. .	
	MALES— Tuesday, 3-45 to 5-45 p.m. Thursday, 5 to 7 p.m.
	FEMALES— Tuesday, 9-30 to 11-30 a.m. Wednesday, 5-30 to 7-30 p.m.
<b>Clinics provided by Education Committee.</b>	
<b>4.—Medical Inspection—School Children—</b>	
(a) Inspection Clinics .. .. .	Monday, 9 a.m. to 12 noon Wednesday, 2 to 5 p.m. Friday, 9 a.m. to 12 noon
(b) Treatment Clinics .. .. .	Monday to Friday— Daily 9 to 10-30 a.m.
(c) Eye Clinic .. .. .	Friday, 2 to 4 p.m.
<b>Day Nurseries .. .. .</b>	None provided

**D.—Hospitals Provided by the Local Authority.**

	Accommodation
1.—TUBERCULOSIS. Wolstenholme Hall Sanatorium, Norden, nr. Rochdale	50 beds for males
Marland Hospital, Bolton Road, Rochdale ... ..	22 beds for females
2.—MATERNITY. Springfield Hospital, Bolton Road, Rochdale ... ..	10 beds with cots
3.—CHILDREN. Springfield Hospital, Bolton-road, Rochdale ... ..	20 cots
4.—FEVER. Marland Isolation Hospital, Bolton-road, Rochdale ...	120 beds. Chiefly for Scarlet Fever, Diphtheria and Typhoid Fever.

**E.—Hospitals Subsidised by Local Authority.**

1.—TUBERCULOSIS. Morton Banks Sanatorium, Keighley .. .. .	
Stannington Sanatorium, Morpeth .. .. .	8 beds
2.—SMALL-POX. Crown Point Hospital, Burnley .. .. .	

The Local Authority have an agreement with the Burnley Joint Hospital Board for the reception and treatment of cases of Small-pox occurring in this Borough, and pay a retaining fee, plus cost of treatment, of any cases which may be sent thereto.

**F.—Other Hospitals available for the District, but not provided or subsidised by the Local Authority.**

1.—MATERNITY. Birch Hill Hospital, Dearnley, nr. Rochdale .. .. . (Board of Guardians)	Outside the District
2.—CHILDREN. Memorial Home for Crippled Children, Norden, nr. Rochdale .. .. . (Voluntary Organisation)	ditto
3.—GENERAL. The Infirmary, Redcross-street, Rochdale .. .. . (Voluntary Organisation)	Accommodation— 110 beds 56 for males 34 for females 20 for children
Birch Hill Hospital, Dearnley, nr. Rochdale .. .. . (Board of Guardians)	Outside the District

### G.—Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children.

The Local Authority have not provided any special institutional accommodation for this Class, but any such mothers, or young children up to the age of five years, are admitted to Springfield Maternity and Children's Hospital if necessary and so far as the limited accommodation will allow.

The Hospitals under the control of the Board of Guardians, situate at Birch Hill, Dearnley, and the Cottage Homes at Middlewood, Wardle, both outside this district, also admit such cases, but to a greater extent than the local authority.

### H.—Ambulance Facilities.

- (a) **For Infectious Cases.**—A Motor Ambulance is provided by the Local Authority for the removal of cases of infectious disease, including tuberculosis, to the Isolation Hospital at Marland or the Sanatorium at Norden.
- (b) **For Non-infectious and Accident Cases.**—The Borough Police Department provide three Motor Ambulances, which are available by day and night, at the Fire Station for use in cases of accident or sudden illness necessitating removal of sufferer to his home or to the local infirmary. The Ambulances are also available for conveying private cases to or from Hospitals, etc., at a nominal charge.

### LABORATORY WORK.

- (a) **Bacteriological Examinations.**—A Laboratory is available at the Public Health Offices, Town Hall, for all the usual bacteriological examinations necessary for clinical diagnosis. No charge is made for such examinations as concern residents of the Borough.

Outfits for the collection of specimens in cases of suspected Tuberculosis, Diphtheria and Typhoid Fever can be obtained by Medical Practitioners on application at the Public Health Office; and a written report on the examination is furnished.

During the year 766 specimens were examined, as against 733 in the previous year.

Suspected Disease	Positive	Negative	Doubtful	Total
Diphtheria .. ..	97	263	—	360
Typhoid Fever .. ..	7	16	—	23
Tuberculosis .. ..	110	251	—	361
Miscellaneous .. ..	2	10	—	12
<b>TOTALS .. ..</b>	<b>216</b>	<b>540</b>	<b>—</b>	<b>756</b>
Blood Counts, Urine, etc. .. ..	2	8		10
				766



(b) **Pathological Examinations.**—The Corporation have an arrangement with the Public Health Laboratory, University of Manchester, for the examination of specimens collected from persons suspected as suffering from Venereal Disease, and during the year 359 specimens were examined as against 454 specimens in the preceding year. Outfits for the collection of these specimens are also supplied at the Public Health Office.

(c) **Water and Milk Supply.**—Chemical analysis of samples of water and of milk are made by the Public Analyst at his own laboratory.

For full particulars of examinations made during the year see page 48. In the case of bacteriological examinations being necessary samples are usually sent to the Public Health Laboratories, Manchester.

Diphtheria antitoxin, Botulinus antitoxin and Meningococcal serum is distributed from the Public Health Office to the medical practitioners for use within the Borough.

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### SECTION III.

## Sanitary Circumstances of the Area.

### Water Supply.

The Water Supply of Rochdale and of the Urban Districts comprised within the area supplied from the Rochdale Waterworks is obtained from moorland gathering grounds and impounding reservoirs in the neighbouring valleys. During the past few years new sources of supply have been acquired and are being developed with the object of maintaining a constant and sufficient supply to meet the increasing demand in respect of both domestic and trade consumers. The supply has always been and now is constant throughout the area. The number of dwelling-houses supplied is about 35,600, and this represents practically the whole of the houses in the district, the number of private sources of water supply being small in number and unimportant in size. In almost all cases the supply is piped direct to the houses. In common with moorland supplies in general the water in this neighbourhood would be liable to act on lead pipes, and it is, therefore, in all cases treated with lime or chalk in order to counteract this tendency. At three of the reservoirs this treatment is given by filtering through mechanical filters, and in the other cases by the addition of chalk before and after filtration. The above treatment has been found satisfactory in the neutralisation of the plumbo solvent action the water would otherwise be likely to have, and the Waterworks Committee have continued their policy of acquiring the land forming the watersheds so as to reduce the liability of contamination from any source to the minimum.

### Rivers and Streams.

Rochdale is within the area of the Mersey and Irwell Joint Committee, whose inspectors keep any pollution of the river or streams under careful observation.

### Drainage and Sewerage.

The Borough is drained on the combined system, and is extended or improved from time to time as occasions arise.

Recently a duplicate outfall sewer, 36in. in diameter, has been laid from Bridgefield Street to the Sewage Works.

The sewage is treated on the bacteriological system, and recently 7 new filters 9ft. in depth and 99ft. in diameter, provided with revolving sprinklers, have been erected.

Additional humus tanks have also been constructed.

### Closet Accommodation.

The present accommodation in the Borough (including Castleton Moor) is as follows :—

Clean-water Closets	..	..	..	..	..	..	14,005
Pail Closets	..	..	..	..	..	..	6,551
Waste-water Closets (principally in Castleton Moor) ..	..						2,447
Privy Middens (Castleton Moor)	..	..	..	..			65

### Conversion of Pail Closets to the Fresh-water Carriage System.

The progress of this work since 1911 is shown in the report of the Sanitary Inspector to the end of 1925, given below.

January, 1926.

*To the Chairman and Members of the Closet Conversion  
Sub-Committee.*

GENTLEMEN,

In accordance with your instructions I beg to submit a further report on the pail closet accommodation in the Borough, showing the progress which has been made in the work of conversion since 1911.

The original number of pail closets which then existed in the Borough was approximately 15,000. Of these 7,418 have now been converted, and 91 have been done away with under the conversion scheme, leaving a total of 6,979 pail closets still to be dealt with. A statement of the number of closets converted each year since the commencement of the work in 1911 is appended.

It will be seen from the above-mentioned table that 564 additional closets have been installed for the purpose of bringing joint accommodation up to separate, and if these are included the total number of closets completed is 7,982 of which 5,060 have been put in during the five years 1921-25. During the first five years of the conversion scheme, 1911-1915, 2,854 closets were installed, and in the five years, 1916-1920 (which may be termed the war period) the work was practically at a standstill and only 68 were put in.

The busiest period was during 1922 to 1924, when 3,448 closets were installed during the three years or a yearly average of 1,150 ; these were chiefly separate closets. In contrast, the yearly average for 1924-1925 was 806, but the great majority of these were joint accommodation, and the records show that since the last report in March, 1924, the number of joint closets was reduced by 315, the additional closets required to bring the Joint up to separate totalling 242.

The total cost of the work of conversion since 1911, according to tenders submitted, is £83,841. This is exclusive of any extras over contract, which will probably bring the amount to £90,000, for which a contribution of £27,000 has been made.

#### **Separate Accommodation.**

Dealing first with the 2,557 separate pails still existing, we find that 622 are waiting for new sewers, 117 are situated in scheduled insanitary areas, and 53 are at farms and similar premises where sufficient drainage is not available, making a total of 792 which cannot be immediately dealt with, and leaving a total of 1,765 which can.

Of these 1,765, however, only 1,190 closets are at dwelling-houses, the remaining 575 being situated at mills, workshops, churches, schools, clubs, etc., for which notice cannot be served under the conversion scheme, and for which the Committee make no contribution.

In connection with the pail closets situated at schools, etc., it should be reported that letters have been sent and negotiations entered into with a view to conversion, and it is satisfactory to note that during 1925 the number has been reduced by 148.

Of the 1,190 closets remaining 150 are now being dealt with, the work of conversion being in progress or in hand ; and the 1,040 remaining have either been scheduled or are about to be scheduled.

#### **Joint Accommodation.**

Of the 4,422 joint closets, 288 are waiting for new sewers, and 377 are situated in scheduled insanitary areas, making a total of 665 which cannot be immediately dealt with, and leaving 3,757 which can. 187 of these are now in progress or in hand, and the remaining 3,570 are still requiring conversion. Notices for 732 of these have already been sent out.

The 4,422 jointly used closets affect 8,938 houses, giving an average of just over two houses per closet. A great deal of this joint accommodation is in connection with back-to-back houses.

From the statement appended it will be seen that splendid progress has been made during the last eighteen months in connection with the conversion of joint pail closets, but it is difficult to present in figures the value of the improvements which have been simultaneously carried out. In nearly every case it has meant the demolition of the existing accommodation and the building of quite new structures at a very great expense in order to make it possible to provide accommodation which may be considered reasonably sufficient. Some idea of the extra work necessary in connection with joint accommodation can be gathered from the detailed statements following on this report.

Appended is a table giving in a concise form the figures mentioned in this report.

A. E. DUNCAN,  
Chief Sanitary Inspector.

TABLE SHOWING STATE OF PAIL CLOSET ACCOMMODATION  
IN BOROUGH AT DECEMBER 31st, 1925.

Description	No. of Separate Closets	No. of Joint Closets	Total
Waiting for Sewers .. .. .	622	288	910
Situated in scheduled Insanitary Areas .. ..	117	377	494
Situated at Farms .. .. .	53	..	53
Total Number which cannot be (a) Immediately dealt with .. .. .	792	665	1457
Situated at Mills, Workshops, etc. .. .. .	420	..	420
Situated at Churches, Clubs, Schools, etc. .. ..	155	..	155
Total Number which do not come (b) Under Conversion Scheme .. .. .	575	..	575
(c) Total now being dealt with (in hand or in progress) .. .. .	150	187	337
Total Number to be dealt with exclusive of (a), (b) and (c) above .. .. .	1040	3570	4610
Total Pail Closets remaining in Borough .. ..	2557	4422	6979
Outstanding Notices served in reference to property with joint accommodation .. .. .		732	



STATEMENT SHOWING PROGRESS OF CONVERSION  
WORK FROM COMMENCEMENT.

Year		Conversions		Additional Closets Installed		Total	
1911	} (5 year period) .. .. .	164	} 2646	21	} 298	185	} 2854
1912		677		28		705	
1913		967		52		1019	
1914		667		92		759	
1915		171		15		186	
1916 to 1920 (5 year period) .. ..		67	67	1	1	68	68
1921	} (5 year period) .. .. .	414	} 4705	9	} 355	423	} 5060
1922		1760		40		1800	
1923		1197		28		1225	
1924		724		90		814	
1925		610		188		798	
TOTALS ..		7418		564		7982	

(a) 91 pail closets not required have been done away with in addition.

(b) The total number of closets installed during the first five years 1911-1915 was 2,854.

(c) The total number of closets installed during the five years 1921-1925 is 5,060.

SEPARATE PAIL CLOSET CONVERSIONS.

Summary of the additional work of reconstruction carried out in connection with separate pail closet conversion is shown below.

Year	No. of Pail Closet Buildings demolished	New W.C. buildings erected	Drainage of houses reconstructed	Manholes constructed	Closets repaired	Part drainage reconstructed	No. of houses	Increased yard space	Passage drains repaired or reconstructed
1922	66	78	86	26	29	6	184	..	14
1923	80	80	69	16	15	10	144	16	12
1924	81	81	45	25	13	19	157	24	12
1925	25	25	35	12	31	11	72	..	9
	252	264	235	79	88	46	557	40	47

A detailed statement showing the nature of the work carried out is given in Table VI. Appendix.

## CONVERSION OF JOINT PAIL CLOSETS.

Summary of Additional Improvement Work carried out contemporarily with Work of Conversion during 1922 to 1925.  
(Joint Accommodation).

Year	No. of houses affected	No. of Pail Closets	No. of Pail Closets converted	No. of Pail Closets rebuilt	Additional W.C's provided	No. of Ashbins provided	Passage Drainage reconstructed	House Drainage reconstructed	Separate yards or increased yard space provided
1922	79	28	2	27	40	58	3	49	34
1923	98	46	10	34	28	63	5	23	18
1924	223	91	12	37	90	189	12	72	32
1925	414	168	50	107	188	345	24	122	21
Total	814	333	74	205	346	655	44	266	105

A detailed statement showing the nature of the work carried out is given in Table VII. Appendix.

## SCAVENGING.

The following notes on the general character of the arrangements for the removal and disposal of house refuse and cleansing of privies and ash-pits have been kindly supplied by the Cleansing Superintendent.

### Excrement.

The conversion from the pail system to the water-carriage system has been extended to more than half of those houses in the Borough which originally had pail closets, and is proceeding.

The removal of pail contents is effected by means of motor lorries, the full pails being brought away from the premises, and empty pails, which have been washed and deodorized, left in their place.

The pail contents are dried in steam drying machines or concentrators, and converted into manure in powder form. This manure finds a ready sale among farmers.

### Dry House Refuse.

The dry house refuse is collected weekly from portable receptacles and fixed ashpits throughout the Borough, and taken to the Disposal Works, where the fine dust is eliminated by screens, and conveyed by Aerial Ropeway to an adjacent Tip. Tin cans and other metal articles are baled hydraulically, and sold. The remainder of the refuse is incinerated.

The steam raised by the burning of the refuse is used in the manufacture of the concentrated manure and for generating electricity for the Works power and lighting.

### Cesspools.

There are no Cesspools in the Borough.

### Privies.

Privies are few in number. Their contents are removed monthly, and burnt with the house refuse at the Disposal Works.

House refuse and contents of privies are conveyed to the Disposal Works either by horse-drawn carts or petrol motor lorries, according to distance.

Number of places where movable ashbins with proper covering have been substituted for fixed receptacles during five years 1921-1925 is 610.

### Number of Vans, Horses and Men taken off Roads since 1911.

The number of horse-drawn vans and guards necessary for the collection of pail contents at 1st April, 1911, was as follows :—

					Cost per week			Cost per annum		
					£	s.	d.	£	s.	d.
21 horse-drawn vans	..	..	..	..	115	10	0	6006	0	0
12 Guards	..	..	..	..	31	12	0	1643	4	0
								<u>£7649</u>	<u>4</u>	<u>0</u>

The cost is based on the rates in operation 1st April, 1926, but it should be borne in mind that in 1911 55½ hours constituted a full week, as against 47 hours in 1926. This reduction of working hours is estimated to be equal to an additional cost of £821 per annum.

The number of petrol motor vehicles necessary for the collection of pail contents at 1st April, 1926, was as follows :—

					Cost per week			Cost per annum		
					£	s.	d.	£	s.	d.
3—4-ton Motors, full week	..	..	..	..	52	13	0	2737	16	0
1—2½-ton Motor, 1½ days per week	..	..	..	..	4	4	6	219	14	0
1—2-ton Motor, 2 hours per week	..	..	..	..	0	13	6	35	2	0
15 Guards, full week	..	..	..	..	39	10	0	2054	0	0
4 Guards 1 day per week	..	..	..	..	1	18	8	100	10	8
3 Guards ½-day and 2 hours per week	..	..	..	..	1	0	6	53	6	0
								<u>£5200</u>	<u>8</u>	<u>8</u>

The apparent saving per annum is £2,448 15s. 4d., plus the sum of £821, due to reduction in the number of hours worked per week as mentioned above.

## SANITARY INSPECTION OF THE AREA.

During 1925, 457 Preliminary or Informal Notices and 41 Statutory Notices for the abatement of nuisances and the remedy of sanitary defects in and around dwellings were served on owners and occupiers, and resulted in the accomplishment of works given in the classified statement below.

The number of notices served during the five years 1921 to 1925 is as follows :—

				Informal Notices				Statutory Notices
1921	..	..	..	475	..	..	..	99
1922	..	..	..	617	..	..	..	27
1923	..	..	..	235	..	..	..	19
1924	..	..	..	261	..	..	..	38
1925	..	..	..	457	..	..	..	41
			TOTALS	2045	..	..	..	224

It was not found necessary to take legal proceedings in any case during 1925, but such proceedings have been taken in 1926 in respect of nuisances occurring in 1925.

### Statement of the Removal of Nuisances in and around dwellings.

NATURE OF WORK DONE						Nos.
HOUSES—						
Houses limewashed and cleansed	..	..	..	..	..	8
Houses repaired—walls and ceilings	..	..	..	..	..	2
floors	..	..	..	..	..	14
roofs	..	..	..	..	..	23
Water removed from cellars	..	..	..	..	..	5
Houses rendered dry—walls and ceilings	..	..	..	..	..	16
Light and ventilation improved	..	..	..	..	..	14
Cases of overcrowding remedied	..	..	..	..	..	2
House walls and ceilings replastered	..	..	..	..	..	17
General house fittings repaired	..	..	..	..	..	25
House chimneys repaired	..	..	..	..	..	4
ACCUMULATIONS—						
Offensive accumulations removed	..	..	..	..	..	7
Stagnant water removed	..	..	..	..	..	11
Building accumulations removed	..	..	..	..	..	1
CLOSETS—						
Pail closets repaired	..	..	..	..	..	4
Closets cleansed and limewashed	..	..	..	..	..	8
Water-closets repaired or altered	..	..	..	..	..	14
Additional closets provided—previously insufficient	..	..	..	..	..	188
(For pail closets converted see under conversion of pail closets)						



NATURE OF WORK DONE	Nos.
ASHPLACES—	
Ashplaces abolished .. .. .	36
Ashplaces repaired or reconstructed .. .. .	16
Additional ashplaces or ashbins provided .. .. .	2
Ashbins repaired or reconstructed .. .. .	29
(See also under Separate and Joint Pail Closet Conversions under Conversion Scheme)	
DRAINS—	
Main drains reconstructed .. .. .	30
Main drains extended .. .. .	6
Drains repaired only .. .. .	6
Drains opened and cleansed .. .. .	45
Branch drains reconstructed .. .. .	122
Inspection chambers provided to old drainage .. .. .	13
Ventilation shafts repaired .. .. .	3
WASTE-PIPES, ETC.—	
Kitchen waste-pipes disconnected from drains .. .. .	7
Kitchen waste-pipes trapped or repaired .. .. .	14
Kitchen waste-pipes unstopped .. .. .	1
Rain-water pipes unstopped .. .. .	5
Rain-water pipes repaired or renewed .. .. .	8
Rain-water pipes disconnected from drains .. .. .	9
Eaves-troughing repaired or renewed .. .. .	10
YARDS AND PASSAGES—	
Channelling repaired .. .. .	2
Back yard surfaces repaired .. .. .	7
Back yard surfaces cleansed .. .. .	4
Back yard walls repaired .. .. .	2
Yard spaces increased .. .. .	2
Separate back yards provided .. .. .	2
ANIMALS AND EFFLUVIA—	
Removal of animals and fowls improperly kept .. .. .	3
Effluvia from the burning of waste material .. .. .	2
WATER SUPPLY—	
New water supply provided .. .. .	5
Absence of sufficient water supply .. .. .	3
Water service repaired.. .. .	1
GENERAL—	
Obstructive buildings removed .. .. .	5
Unsuitable premises .. .. .	1
Insanitary areas filled up .. .. .	2
NOTE.—See also under Factory and Workshops Acts, Additional works in connection with conversion, etc.	

**Total Number of Nuisances abated 1921 to 1925.**

1925	..	..	..	..	..	760
1924	..	..	..	..	..	543
1923	..	..	..	..	..	447
1922	..	..	..	..	..	615
1921	..	..	..	..	..	688
Total ..						3053

**SMOKE ABATEMENT.**

The recorded observations during 1925 number 224. The observations were for one half-hour each, and were confined to chimneys in the Borough.

The time limits for the issue of dense black smoke fixed by the Council were exceeded on 10 occasions, or once for every 22 observations taken.

The number of times when the issue of moderately dense smoke (as distinguished from dense black smoke) exceeded ten minutes in the half-hour, and where special letters were sent was 26.

The time limits fixed by the Council, and revised in September, 1920, are as follows :—

- (1) Chimneys with two or three boilers working—2 minutes.
- (2) Chimneys with four or more boilers working—3 minutes.

The following Table gives particulars of the issue of black smoke on the 10 occasions when the limit was exceeded :—

	No. of Observations	Total Issue in minutes	Aver. No. of mins. per observation	Aver. No. of mins. per boiler	No. of Cases in which Smoke-preventing appliances were		
					In use	Partly in use	Not in use
I, 2 or 3 Boilers working	8	52	6.5	3.46	4	..	4
4 or more Boilers working	2	11	5.5	1.375	..	2	..

### Summary of Observations, 1921-1925.

Year	No. of Observations	No. of times limit exceeded	No. of Notices served	No. of Prosecutions
1921	70	12	11	1
1922	129	11	8	3
1923	170	15	10	5
1924	186	7	5	2
1925	224	10	10	..

A deminution in the issue of smoke from factory chimneys has been evident during the past few years. This has been due to several factors, not the least of which has been the policy of the Electricity Committee who have been doing everything possible to provide a cheap supply of electricity as power for mills and workshops. During the past few years the price of electricity has also been repeatedly reduced to make it practical to use for domestic purposes. The increasing use of electricity for domestic purposes is realised when the number of units sold for these purposes is shown to have increased from 1920 to 1925 from 36,856 to 515,218. Electricity has displaced steam power in 67 cases, and the electrical power employed to do the work amounts to 6,320 H.P. Most of the worst chimneys have been put out of use.

In addition, the vigilance of the Sanitary Inspectors in observing the worst of the remaining chimneys, the many visits paid to observe conditions in the fire-holes, and the elementary classes for firemen which were held by the Chief Sanitary Inspector, have helped to keep the importance of careful firing continually in the minds of those responsible, and it has to be admitted here that, except in a few known cases, co-operation and persuasion have accomplished more than could the infliction of the paltry fine which, up to the passing of the Local Act, was always the only result to show for the expenditure of time and trouble in conducting prosecutions.

### Atmospheric Pollution.

The Health Committee have recently authorised the erection of nine gauges in various parts of the town for the measurement of atmospheric pollution, and it is hoped to place them in such positions as will give valuable and interesting results. So far no observations have been carried out by the Health Department, but other observations are recorded in the Report of the Advisory Committee on Atmospheric Pollution.

### Offensive Trades.

The number of premises at which these trades are now carried on in this Borough is as follows :—

Tripe Boiling	..	..	..	..	..	..	2
Gut Scraping	..	..	..	..	..	..	2
Fellmonger	..	..	..	..	..	..	1
Knacker's Yard	..	..	..	..	..	..	1

The number of visits made to these premises during the year was 51.

## Rat and Mice Destruction Act, 1920.

During the year 44 visits have been made to premises regarding which complaints have been received under the above Act. The premises dealt with under this Order are comprised of Slaughter-houses, Dwelling-houses and Shops.

### SECTION IV.

## Housing.

### General Housing Conditions.

EXTENT OF SHORTAGE OR EXCESS OF HOUSES ; and

MEASURES TAKEN OR CONTEMPLATED TO MEET SHORTAGE.

Estimate of Housing Needs made in October, 1919.

Working Class Houses required by end of October, 1922.

(a) To meet the unsatisfied demand for houses (taking account of growth of population, overcrowding, etc.) .. ..	2000
(b) To re-house persons to be displaced by the clearance of unhealthy areas, and to replace other dwellings which are unfit for human habitation and cannot be made fit ..	250
TOTAL .. ..	2250

### Houses built during and since 1919 up to present time (end of 1925).

By the Corporation .. .. .	614
By Private Enterprise	
(a) With Subsidy .. .. .	64
(b) Without Subsidy .. .. .	75
	753

### Houses built by Corporation under the 1919 Housing Act (end of 1925).

	B4	Types B3.	A3	Total
Total built .. .. .	2	372	206	580
In course of erection .. .. .	—	12	154	166
In prospect 1924 Act .. .. .	—	66	54	120

### Estimated Number of Houses required during next 20 years.

Number of Houses reported as necessary in October, 1919 ..	2000
Number of Houses in 8 Unhealthy Areas, vide Scheme dated October, 1919 .. .. .	1108
Number of Houses which are not and cannot be made fit for human habitation, vide Scheme dated October, 1919 ..	1516
Taking the annual number of houses required to meet the average normal growth as 250, the further deficiency since 1919 is (1500 less 752) .. .. .	748
Houses to meet average normal growth at 250 houses a year for 20 years .. .. .	5000
Total number of houses required .. .. .	10372



**Programme of House Building required in the Town to meet the Demands as estimated above.**

Total number of houses required in 20 years	..	..	..	10,372
Number required annually	..	..	..	519

At the present rate of building (Private Enterprise 74, Municipality say 100) of 174 houses per annum, there is a deficiency accumulating of 345 houses each year to be added to the total requirements.

**Average rate per annum necessary for houses to be erected.**

By Private Enterprise—say	..	..	..	..	..	150
By Municipal Building—say	..	..	..	..	..	369
						<hr/> 519 <hr/>

At present, Private Enterprise is only producing 74 a year, but if it increases beyond 150 per annum the number of houses to be built by the Corporation in future years may be reduced.

**Overcrowding.**

The only available indication of the extent to which overcrowding exists is to be obtained in a general way from the figures of the 1921 census returns, which show that in 279 families of 10 persons and over the average occupation of rooms was in excess of the old standard of two persons per room. The number of persons thus affected was 2977.

In calculating the figures given in the programme of building above, the question of overcrowding has been considered and provided for.

The principal cause leading to the existence of overcrowding can only be the cumulative annual deficit in the number of working-class houses erected ; other possible causes, such as the breaking through of back-to-back houses and the closing of houses unfit for human habitation, have not operated to any extent, as will be seen from the figures given in the Housing Statistics Table XI. Appendix.

**Fitness of Houses.**

With the exception of the back-to-back houses, numbering about 4,000, or 18 per cent. of the total, the general standard of housing is fairly good ; and the continued progress of the scheme of closet conversion on the lines on which it was commenced, i.e., with due consideration to the full improvement of both the external and internal sanitary conditions of every house scheduled, has raised the standard generally to a remarkable extent. For it has to be remembered that (again excluding the back-to-back houses) the principal defects of our four and five-roomed houses were found to be in connection with the closet and ashplace accommodation, the drainage arrangements, and the lack of paved yard surfaces.

### Unhealthy Areas.

No further action with regard to these areas has been taken since the representation in February, 1923, of an Insanitary Area known as "The Victoria Place Insanitary Area," and which is still in the hands of the Arbitrators. Following are the particulars given in the 1923 Annual Report :—

In February, 1923, the Medical Officer of Health made a representation to the Town Council, under Part I. of the Act of an Insanitary Area.

The area is known as "The Victoria Place Insanitary Area," and is situated in the Wardleworth East Ward, being half-a-mile distant from the Town Centre in a north-easterly direction.

It is bounded on the north-east by Regent Street, south-east by Jermyn Street, south-west by Elliott Street, and north-west by part of a factory and an unpaved passage.

The area is 1.06 acres in extent, contains 83 dwellings, of which 69 are back-to-back and 14 through. These dwellings were found to be occupied by 306 persons, the average number per house being 3.6.

The enquiry was held by W. H. Collin, Esq., of the Ministry of Health, on November 6th, 1923, and recently an official authority to proceed with the work of clearance and rebuilding has been received by the Town Council.

### Housing Statistics.

A full statement of the number of houses erected, inspection of dwellings and action taken under the Housing and Public Health Acts is given in Table XI. Appendix.

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## SECTION V.

### Inspection and Supervision of Food.

In reviewing the food supply and the conditions under which it is carried on one cannot fail to recognise the great progress made both as regards the methods of storing, handling, and distribution of all articles of food.

This is undoubtedly due to several causes, but more especially to

- 1.—The growing appreciation of the people as to the value of clean and wholesome foodstuffs. There is no doubt that people read more than formerly, and consequently a great deal of useful knowledge on the importance of clean and wholesome fresh foodstuffs is got from public health literature and the daily newspapers.
- 2.—The passing of the various food laws compelling both wholesale and retail distributors to comply with certain regulations to protect the food from contamination in the raw state, and until it is ready for distribution to the individual, and the resultant increasing active administration by the Local Authorities.

The growing demand by the people for cleaner food is well seen in the increasing use of bottled milks, and the demand that all bread shall be wrapped in paper by the manufacturer. Also there are many who seem to think that by using tinned foodstuffs they secure a cleaner article, although no tinned foods is so nutritious as fresh clean foodstuffs.

In 1921 the delivery of wrapped bread by the manufacturer to the retailer was scarcely known. But in this area to-day wrapped bread forms the larger output of these factories, and it is a common sight to note vans employed in this business whose whole delivery consists entirely of the wrapped article of food.

The advancement towards the goal of a pure food supply has been more appreciable during the last five years than perhaps anytime in the last two decades.

### **Milk Supply.**

The handling and distribution of milk, which is one of the most important questions of food supply to-day, has undoubtedly improved.

This may be due to enlightenment of the younger generation of milk farmers to the growing need for modern methods of business in the dairying industry. But one cannot lose sight of the fact that the old style of milk farmer with his antiquated method of delivering milk in the old tin delivery can, which certainly is not in keeping with hygienic laws, is perhaps slowly but surely being replaced by the modern method of distribution of milk from the producer to the consumer bottled and sealed.

In 1921 bottled milk was practically unknown in this borough; to-day there are nearly 200 milk shops and two farmers registered for the sale of bottled milk.

### **Meat.**

The coming into force of the Public Health (Meat) Regulations, 1924 has marked another step in the meat industry, having regard to the marketing, handling and distributing of the meat supply of this country, and while these Regulations are not so stringent as some Local Authorities would like, if strictly enforced they will certainly tend to ensure the community of a cleaner, and therefore better, supply than they have hitherto been able to obtain. This Borough is perhaps in an unique position in regard to the retailing of meat and its allied products, there being no stalls where meat is exposed to contamination in the open streets.

Rochdale compares very favourably with most industrial towns in retailing its meat supply. Previously to the Regulations the percentage of shops in

which meat was exposed for sale behind whole glass windows was 39.8. To-day this percentage has reached 57.7, and will undoubtedly continue to increase as the retail butchers realise the advantages obtained, both financially and from the hygienic marketing of this food.

At least 80 per cent. of the cattle brought into this Borough for food are slaughtered at three large wholesale slaughter-houses and one Co-operative slaughter-house, and arrangements have been made by this Department for the inspection of practically all animals killed therein.

The Meat Regulations appertaining to the hours of slaughter at these and other establishments are rigidly enforced, and are carried out in a satisfactory manner.

All meat condemned as unfit for human food, and all refuse and garbage from the slaughter-houses within the Borough is dealt with by the Cleansing Department of this Corporation, and utilised for the manufacture of manure and other bye-products.

### **Slaughterhouses.**

There is no public slaughter-house in this Borough.

The number of private slaughter-houses is shown below in comparison with the number existing in the year 1920 :—

				In 1920		In Jan., 1925		In Dec., 1925
Registered	..	..	..	4	..	4	..	4
Licensed	..	..	..	18	..	14	..	14
Total	..	..	..	22	..	18	..	18

These slaughter-houses are visited regularly by the Meat Inspector, and the amount of meat destroyed as unfit for human food is given in Table VIII., Appendix, page 97.

### **Tuberculosis Order, 1925.**

The Watch Committee are the Authority responsible for the administration of this Order, but the actual work of inspection, etc., has been delegated to the Medical Officer of Health and his staff of Inspectors. Monthly reports are submitted to the Watch Committee and a summary of the number of animals examined and found affected with tuberculosis is given below.



### Diseases of Animals Act—Tuberculosis Order, 1925.

Date 1925	No. of Animals Affected	No. of Milk Cows kept	No. of Animals on Farm	Market Value of Animals	Total Compensat'n Paid
A—7th Dec. ..	1	12	13	15 /-	£ s. d. 2 5 0
B—10th Dec. ..	1	17	23	15 /-	2 5 0
C—13th Dec. ..	1	11	14	15 /-	2 5 0
D—14th Dec. ..	1	46	50	15 /-	2 15 0
E—29th Dec. ..	1	39	42	15 /-	2 5 0

### Dairies and Cowsheds.

The number of Cowsheds on the Register at the end of 1925 was 53. These have been regularly inspected. The number of visits paid by the Dairy Inspector to the farms situate in the Borough was 93.

The following defects were found and remedied :—

Cowsheds requiring limewashing .. .. .	15
Cowsheds refloored and drained .. .. .	3
Farm buildings reconstructed .. .. .	1
Dairy Reconstructed .. .. .	1

### Milk Shops.

The number of Milk Shops on the Register at the end of 1925 was 207. The number of inspections made was 199.

### Inspection of Premises used for the Preparation and Sale of Foodstuffs.

The inspection of all premises used for the preparation of foodstuffs has received constant attention. During the year 12 of these premises have been discontinued on notice by the Inspector. Notices have been served in respect of 11 others for limewashing and cleansing. The number of inspections made of these premises was 2123.

S. HENNINGS,

Meat and Dairy Inspector.

### SALE OF FOOD AND DRUGS ACT.

202 samples were obtained by the Inspector during the past year, 15 of which on analysis were found adulterated.

The following is a list of samples obtained :—

Description	Number taken		Result of Analysis	
	Form-ally	Inform-ally	Genuine	Adul-terated
*Milk .. .. .	139	15	141	13
Skimmed Milk .. .. .	3	..	2	1
Margarine .. .. .	..	4	4	..
Raspberry Jam .. .. .	..	1	1	..
Fruit Salts .. .. .	..	1	1	..
Vinegar .. .. .	..	3	3	..
Pepper .. .. .	..	4	4	..
Lard .. .. .	..	5	5	..
Butter .. .. .	..	4	4	..
Ground Ginger .. .. .	..	2	2	..
Lemonade Powder .. .. .	..	1	1	..
Chocolate .. .. .	..	8	8	..
Strawberry Jam .. .. .	..	1	1	..
Sausages .. .. .	..	2	2	..
Flowers of Sulphur .. .. .	..	1	1	..
Milk of Sulphur .. .. .	..	1	1	..
Whiskey .. .. .	..	3	3	..
Rum .. .. .	1	3	3	1
	143	59	187	15
TOTAL, 1925 ... .. .	202		202	

\* 3 samples destroyed in transit.

Of the 15 samples reported as adulterated 2 were taken informally, and 2 others were only slightly adulterated. With regard to the remaining 11, proceedings were instituted as given in Table IX., Appendix, page 98.

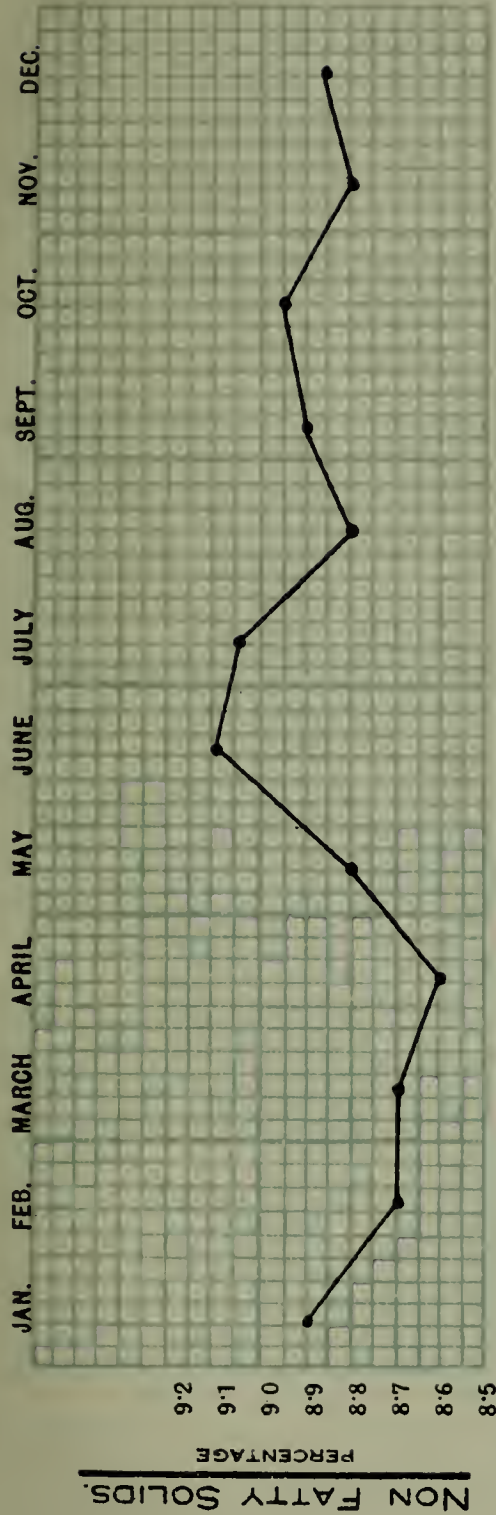
A conviction was obtained in nine cases, and fines amounting in the aggregate to £39, with Analyst's fee and costs were imposed. The remaining two cases were dismissed.

#### Summary of Samples taken, 1921-1925.

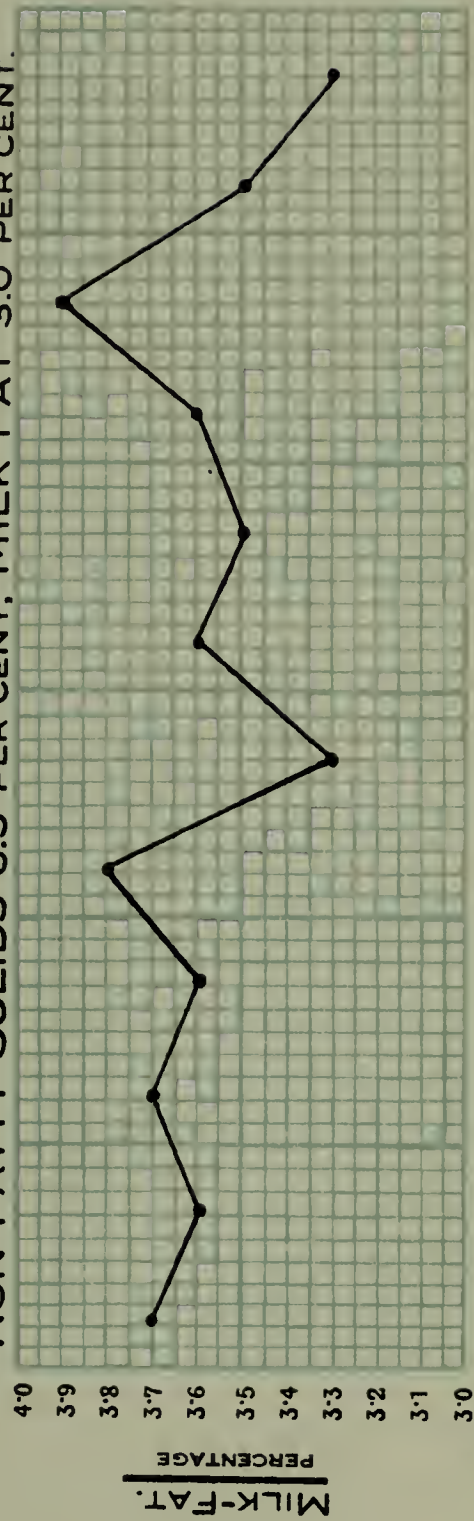
Year	Number taken		Result of Analysis	
	Formally	Informally	Genuine	Adulterat'd
1921 .. .. .	143	65	193	15
1922 .. .. .	136	62	190	8
1923 .. .. .	128	82	199	11
1924 .. .. .	192	36	218	10
1925 .. .. .	143	59	187	15

# COUNTY BOROUGH OF ROCHDALE.

## AVERAGE MONTHLY COMPOSITION OF MILK (EXCLUSIVE OF ADULTERATED SAMPLES.)



## LIMITS OF GENUINE MILK (SALE OF MILK REGULATIONS 1901) NON FATTY SOLIDS 8.5 PER CENT, MILK FAT 3.0 PER CENT.



No. of Samples  
submitted

11 9 25 17 14 14 4 5 11 8 20 2





The full analysis of the milk samples in connection with which proceedings were taken is given in the following Table :—

No.	Percentage of			Extent of Adulteration
	Fatty Solids	Non-Fatty Solids	Water	
245	2.40	8.65	88.95	20 per cent. deficient in fat.
247	2.25	9.45	88.30	25 per cent. deficient in fat.
258	2.52	8.15	89.33	6 per cent. deficient in non-fatty solids.
263	1.59	9.05	89.36	47 per cent. deficient in fat.
286	3.0	8.0	89.0	5.8 per cent. added water.
351	2.70	8.75	88.55	10 per cent. deficient in fat.
357	2.90	7.99	89.11	6 per cent. added water.
359	2.79	9.10	88.11	7 per cent. deficient in fat.
51	2.64	8.76	88.6	10 per cent. deficient in fat.

Sample 357 the vendor produced a warranty and proceedings were taken against the farmer who supplied the milk ; also proceedings were taken against one farmer for refusing to sell to Inspector.

#### Copy of Borough Analyst's Report for 1925.

Attention is directed to the accompanying Chart, which gives, in condensed form, certain information upon the quality of milk examined during the year and shows the monthly average composition. Having regard to the respective limits of fatty and non-fatty solids, it will be observed that in only the mid-summer months (June and July) did the average fatty solids fall below the 3.5 per cent., whilst the richest (3.8 per cent. and upwards) was secreted during the autumn. Again, the record of non-fatty solids certainly demonstrates the modesty of the 8.5 per cent. " limit," as, in March alone was the average below 8.7 per cent.

Whilst these returns in a general sense are quite reassuring, the percentage of adulteration ( $8\frac{1}{2}$  per cent. for the year) contrasts unfavourably with that of similar industrial towns, and it is manifest that close supervision must be maintained equally in the interests of the public and honest producer.

Appended to this Report is a tabulated return of all samples examined during the year.

(Signed) S. ERNEST MELLING,  
Public Analyst.

To the Chairman and Members of the Health Committee of the County Borough of Rochdale.

### Non-Fatty Solids Content.

Percentage of non-fatty solids						Total	Percentage
8.50 to 8.60	..	..	..	..	..	4	4.4
8.61 to 8.70	..	..	..	..	..	3	3.3
8.71 to 8.80	..	..	..	..	..	9	10.0
8.81 to 8.90	..	..	..	..	..	8	8.9
8.91 to 9.00	..	..	..	..	..	17	18.9
Above 9.0	..	..	..	..	..	49	54.4
						90	99.9

Lowest record, i.e., limiting figure of accepted purity 8.5 per cent. (2 samples)  
 Highest Record .. .. . 9.4 per cent. (3 samples)  
**Average throughout..** .. .. . 9.06 per cent.

In face of these results it is manifest that the minimum percentage of 8.5 which the Sale of Milk Regulations prescribe is very lenient and, in the case of an adulterated sample reported against, the proportion of added water present is far more likely to be understated than otherwise.

In respect of seasonal quality, the accompanying Chart traces the monthly variation in fatty and non-fatty constituents. The very sensible increase in the former in September and October probably coincides with the withdrawal of cows from pasture to stall-fed conditions and increased comfort indoors. It is a fact that, taking the country as a whole, the richest milk is usually secreted in the period of late autumn and early winter.

### Return of Samples of Food and Drugs Examined during the Year 1925.

Article of Food or Drug	Number Analysed	Number Adulterated	Percentage of Adulteration
Milk .. .. .	151	13	8.5
Chocolate .. .. .	8	..	..
Lard .. .. .	5	..	..
Butter .. .. .	4	..	..
Margarine .. .. .	4	..	..
Pepper .. .. .	4	..	..
Rum .. .. .	4	1	25.0
Vinegar .. .. .	3	..	..
Whisky .. .. .	3	..	..
Ground Ginger .. .. .	2	..	..
Jam .. .. .	2	..	..
Skimmed Milk .. .. .	2	1	50.0
Sausage .. .. .	2	..	..
Lemonade Powder .. .. .	1	..	..
Separated Milk .. .. .	1	..	..
Fruit Salts .. .. .	1	..	..
Flowers of Sulphur .. .. .	1	..	..
Milk of Sulphur.. .. .	1	..	..
<b>TOTAL ..</b>	<b>199</b>	<b>15</b>	<b>7.5</b>

## FACTORY AND WORKSHOPS ACTS.

### Retail Bakehouses.

The number of bakehouses now on the Register is 183. The number of inspections made was 172; cleansing and limewashing was carried out on intimation from Inspector in 8 cases. In 1 case structural defects were remedied.

A high standard of cleanliness has been generally maintained as usual, and it has not been found necessary to issue any statutory notices in this respect.

### Workshops.

82 inspections of workshops (as distinguished from workshop bakehouses) have been carried out during the year, and in 3 cases the sanitary arrangements have been improved.

See Table X., page 99, appendix, for full particulars of inspections under these Acts.

## CANAL BOATS ACT.

No Canal Boats were inspected during the year.

The information as to water supply (page 31) has been kindly supplied by the Water Engineer and Manager, whilst that relating to Rivers and Streams, Drainage and Sewerage (page 32) and Housing (page 42) has been kindly supplied by the Borough Surveyor.

A. E. DUNCAN,  
Chief Sanitary Inspector.

## SECTION VI.

# Prevalence of, and Control over, Infectious Diseases.

## (A) INFECTIOUS DISEASES GENERALLY.

### Incidence.

The notifications of infectious diseases during the past year were below the average and numbered 1,280 as against 1,744 cases in 1924.

According to Table XIII., Appendix, which gives the number of notifications of each disease during the past year and previous years, compared with averages for periods of five years, the most prevalent infectious diseases during 1925 were Scarlet Fever, Measles and Whooping Cough; although these were below the average, with the exception of Whooping Cough, which had the highest incidence in any one year since 1917.

The following summary gives the number of notifications of each disease during 1925, as compared with the average for five years 1920—1924.

	1925	Average 1920 to 1924
<b>COMPULSORILY NOTIFIABLE—</b>		
Scarlet Fever .. .. .	282	362
Diphtheria (incl. Mem. Croup) .. .	85	78
Typhoid Fever (incl. Continued Fever and Para Typhoid Fever) .. .	9	7
Puerperal Fever .. .	6	3
Erysipelas .. .	38	28
Ophthalmia Neonatorum .. .	9	14
Pulmonary Tuberculosis .. .	73	138
Other forms of Tuberculosis .. .	29	44
Malaria .. .	—	4
Acute Encephalitis Lethargica .. .	8	3
Pneumonia .. .	40	48
<b>NOT COMPULSORILY NOTIFIABLE—</b>		
Whooping Cough .. .	233	78
Chicken-pox .. .	188	192
Measles .. .	280	410

Full information as to age and ward distribution is shown in Table XII., Appendix.

### Deaths.

The deaths from notifiable infectious diseases (Excluding Tuberculosis) include 5 Typhoid Fever, 4 Measles, 6 Scarlet Fever, 11 Whooping Cough, 7 Diphtheria, 1 Malaria, 2 Chicken-pox, 4 Erysipelas, 3 Puerperal Fever, and 2 Encephalitis Lethargica, making a total of 45, as against 31 in the previous year 1924.

### Isolation Hospital.

**Admissions.**—528 cases were admitted during the year :—

Scarlet Fever .. .	413
Diphtheria .. .	88
Typhoid Fever .. .	6
Encephalitis Lethargica .. .	9
Erysipelas .. .	4
Other Diseases .. .	8

and of this number 318 were Rochdale cases, and the remaining 210 from outside districts :—

Middleton .. .	114
Heywood .. .	89
Whitworth .. .	5
Littleborough .. .	2



The following Table gives the details as to age distribution, and average stay of patients in Hospital.

**Return of Patients for year ending 31st December, 1925.  
Marland Hospital.**

DISEASE	In Hospital on 31st December 1924	Admitted during the Year	Discharged	Died	Remaining in Hospital at end of Year 1925	Average stay in Hospital of Patients Disch'rg'd — Days	Ages of Patients Admitted		
							Under 5 Years	5—15 Years	Above 15 years
Small-pox .. ..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	2	2	..	..	19.0	2	..	..
Scarlet Fever ..	92	413	438	8	59	49.2	91	270	52
Diphtheria .. ..	5	88	84	7	2	31.7	21	45	22
Typhoid Fever ..	2	6	6	2	..	49.2	..	..	6
Encephalitis									
Lethargica ..	..	9	4	4	1	42.5	..	2	7
Erysipelas .. ..	..	4	4	..	..	23.3	..	..	4
Other Diseases ..	..	2	1	..	1	67.0	..	1	1
In Quarantine ..	..	4	3	..	1	16.7	2	2	..
<b>Total ..</b>	<b>99</b>	<b>528</b>	<b>542</b>	<b>21</b>	<b>64</b>	<b>..</b>	<b>116</b>	<b>320</b>	<b>92</b>

Compared with previous years the number of admissions in 1925 was 82 more than in 1924, and 12 more than the average for the five years 1920-1924.

The highest number of admissions in any one year was 744 in 1922.

#### Mortality.

The case mortality of patients treated at Marland Hospital was 3.98 per cent. as against an average of 3.02 per cent. for years 1920-1924.

During the period of five years 1905-1909 the case mortality was 7.79 per cent., a rate almost double the mortality of the past year.

#### Improvement of Hospital Premises.

During the year an up-to-date Steam Laundry has been erected and equipped with machinery electrically driven.

Structural alterations providing additional bedrooms, bathrooms, and sitting room for the Nursing Staff, and also new kitchen fully equipped were completed in 1923, along with the erection of a garage for housing the motor ambulance and van.

#### Disinfection.

The work done in this connection during the past year is shown below. Articles of clothing suitable for disinfection by steam are dealt with by the Manlove Alliott Disinfector, while for rooms either formalin or sulphur was generally employed.

The nature of the articles disinfected was :—

Beds .. .. .	507
Bolsters and Pillows .. .. .	1,596
Sheets and Quilts .. .. .	988
Blankets .. .. .	1,106
Miscellaneous .. .. .	2,445
Total .. .. .	6,642

Rooms fumigated or sprayed :—

After Tuberculosis .. .. .	150
After other infectious diseases :—	
Scarlet Fever, Diphtheria, &c. .. .. .	748
Total .. .. .	898

Three schools were also fumigated or sprayed with disinfectant on account of infectious disease.

### (B) TUBERCULOSIS.

Throughout the country generally there has been in recent years a continuous decrease in the prevalence of this disease, as shewn by the incidence and death rates. In Rochdale this improvement is also to be noted, and that in spite of the bad industrial conditions that have of late years oppressed the town. It must not be forgotten, however, that tuberculosis is still a cause of much ill-health, disablement and death, and that, to reach the desired end, ever increasing efforts must be put forth in the fight against it.

The number of primary notifications received during 1925 was 102, Pulmonary 73 and Non-pulmonary 29, each figure being lower than in any previous year. The number of notifications received in each of the years since notification became compulsory can readily be seen below.

Year	NOTIFICATIONS		
	Pulmonary	Non-Pulmonary	Total
1913	195	164	359
1914	188	91	279
1915	168	140	308
1916	200	89	289
1917	167	59	226
1918	208	65	273
1919	381	63	444
1920	192	45	237
1921	191	34	225
1922	108	51	159
1923	125	55	180
1924	76	35	111
1925	73	29	102

### Non-notification and Late Notification.

During 1925 death took place in 20 cases of which no notification had been received by the Medical Officer of Health, or the notification reached him after the patient's decease. Of that number 13 died in institutions (10 in institutions out of the Borough), whilst 7 cases only were at private addresses. Details of these non-notifications and of deaths occurring within a short time of notification are given below.

No notification	.. .. .	*16	} 20 not notified
Notified after death	.. .. .	†4	
Notified less than one week before death		6	} 13 within a month
Notified less than two weeks before death		4	
Notified less than three weeks before death		2	
Notified less than four weeks before death		1	
Notified less than two months before death		2	
Notified less than three months before death		7	
Notified less than six months before death		7	
Notified less than twelve months before death		9	
Notified more than one year before death		21	

\* Includes 11, and † includes 2, occurring in institutions.

The percentage of unnotified deaths is thus 25·3, or, if deaths occurring out of the district are excluded, 12·65.

### New Cases and Mortality during 1925.

The following table shows the number of new cases and deaths occurring in the year 1925 distributed according to age, sex and type of infection.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	1	..	..	..	..	..	..	1
1—5 years ..	2	2	..	2	..	2	2	1
5—10 „ ..	1	1	2	2	1	..	1	..
10—15 „ ..	2*	1	2	4	..	1	1	3
15—20 „ ..	2	2	2	3	3	2	1	1
20—25 „ ..	4	3	2	..	3	7	..	..
25—35 „ ..	8	3	..	5	5	5	3	2
35—45 „ ..	4*	10	..	1	9	7	..	1
45—55 „ ..	10	7*	..	1	5	2	1	..
55—65 „ ..	5	1	1	2	8	..	..	1
65 years and over ..	..	1	..	..	..	..	..	..
TOTAL ..	39	31	9	20	34	26	9	10

\*Corrected figures ; 1 deducted in each case.

**Incidence.**—Notifications of pulmonary tuberculosis received during the year numbered 73 ; of these 3 were later cancelled because of errors in diagnosis, thus 70 new cases were brought to notice within the year. The age and sex distribution of these new cases has already been detailed. It will be noted that most of the pulmonary new cases and deaths occur between the ages of 20 and 45 years, and that there is a slight preponderance of males over females.

**Incidence.**—New cases notified amounted to 29. In the non-pulmonary group the females predominate, and the disease is found chiefly in the earlier years of life. Children under 15 years of age account for 22.5 per cent. of the new cases of all forms of tuberculosis.

## **RECENT LEGISLATION.**

### **Public Health (Prevention of Tuberculosis) Regulations, 1925.**

Under these regulations it is an offence for any person who is aware that he is suffering from tuberculosis of the respiratory tract to engage in employment entailing the milking of cows or the handling of milk. No action has been taken under these regulations, there having been no case of tuberculosis in a person so employed. It is worthy of note, however, that several cases of pulmonary disease are known in persons employed in the making and selling of ice-cream.

### **Public Health Act, 1925, Section 62.**

The section empowers a Local Sanitary Authority to secure, on a magistrate's order, the compulsory removal to hospital of persons suffering from pulmonary tuberculosis in an infectious state when the Medical Officer of Health is satisfied that the home conditions are such as to endanger the other occupants. No order for compulsory removal has been applied for by the Council.

### **Rochdale Corporation Act, 1925.**

This Act came into operation on August 1st, 1925, and inter alia makes provision for

- (a) Disinfection and cleansing of houses and other buildings occupied by persons suffering from tuberculosis ; and
- (b) Removal to hospital of persons suffering from pulmonary tuberculosis—similar powers to those contained in the Public Health Act, 1925.

### **Tuberculosis Scheme.**

Briefly, the Council's scheme for dealing with Tuberculosis can be outlined as consisting of :—

- (1) Administrative Tuberculosis Officer—Dr. A. G. Anderson, the Medical Officer of Health for the Borough.
- (2) Clinical Tuberculosis Officer—Dr. J. C. Robertson.



- (3) Tuberculosis Visitor—Miss C. Holt, S.R.N., A.R.San.I., Certified Midwife.
- (4) Tuberculosis Dispensary.
- (5) Sanatorium and Hospital accommodation for residential treatment of the disease.
- (6) Grants of extra nourishment to patients at home.
- (7) Disinfection facilities and issue of disinfectants, paper handkerchiefs, and sputum containers.
- (8) Free examination of sputum specimens.

### **Tuberculosis Dispensary.**

There is one Tuberculosis Dispensary, situated in Elliott Street, off the upper part of Yorkshire Street. There are four sessions per week, each lasting two hours, at times arranged to meet the convenience of all sections of the community. The Dispensary is now electrically lit, and there are electric radiators in the dressing rooms. The Tuberculosis Visitor acts also as Dispensary Nurse, and for clerical work she has the part-time service of a clerkess.

### **Hours of Attendance.**

Monday and Friday	..	..	..	9-30 to 11-30 a.m.
Tuesday	..	..	..	5-30 to 7-30 p.m.
Wednesday	..	..	..	2-0 to 4-0 p.m.

There were 626 persons on the Dispensary Register at the beginning of the year and 498 at the end.

During the year 174 new cases were examined and 2,585 attendances were made by patients. The average attendance per clinic was 13.2, the highest being 30 and the lowest 3.

Active treatment at the Dispensary is limited to the dressing of certain non-pulmonary forms of the disease, such as neck glands, sinuses, lupus, and to the giving, in such cases, of tuberculin injections. During 1925 the number of dressings and injections done was 1,245.

The mode of introduction to the Dispensary of the new cases was as follows :

	Male	Female	Total
(a) Referred by private practitioners, other medical officers, and independent attendances .. ..	74	56	130
(b) Referred by Pensions Authorities .. ..	8	..	8
(c) Examined as "contacts" .. ..	16	20	36
	<hr/> 98	<hr/> 76	<hr/> 174

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The condition of these 174 new cases when first examined at the Dispensary is set out in the following table.

Sex	ADULTS								CHILDREN (under 16 years).						Totals	
	Stage of Disease			Non-Pulmonary	Notified but not T.B.	Not T.B.	Diagnosis not completed	TOTAL	Stage of Disease			Non-Pulmonary	Notified but not T.B.	Not T.B.		TOTAL
	I.	II.	III.						I.	II.	III.					
Male ..	6	10	10	4	4	35	..	69	..	1	..	6	1	21	29	98
Female	6	11	4	2	3	25	1	52	1	..	1	3	1	18	24	76
Total	12	21	14	6	7*	60	1	121	1	1	1	9	2*	39	53	174

\* The notifications of these 9 cases have since been cancelled.

Sometimes patients shew reluctance, and give expression to a certain amount of dread, when it is suggested that they should attend the Tuberculosis Dispensary for examination ; they feel that attendance at such a place is tantamount to labelling them " consumptive." How little need there is for such reluctance and fear may be gathered from the fact that less than half (37.4 per cent.) of the new cases examined during 1925 were found to be suffering from tuberculosis.

The percentage found not to have the disease may, to a certain degree, be considered some measure of the extent to which private practitioners make use of the Dispensary to obtain a second opinion in doubtful cases. So also, the fact that 27.6 per cent. (16 out of 58) of those actually suffering from pulmonary tuberculosis were referred to the Dispensary prior to notification.

Amongst the cases met with in the work of the Dispensary have been such widely varying conditions as cancer of the mouth, larynx, intestine and rectum ; late manifestations of syphilis, pulmonary actinomycosis, cardiac valvular disease, nephritis, tonsilitis, nasal diphtheria, appendicitis, ovarian cysts, and even unsuspected pregnancy.

Of the 65 persons suffering from the disease, 15 were non-pulmonary, and 50 were pulmonary cases. Amongst the latter 26 per cent. were in Stage I., 44 per cent. in Stage II., and 30 per cent. in Stage III. of the disease ; the average distribution for the previous 5 years was :—Stage I., 43.6 per cent. ; Stage II., 33.2 per cent., Stage III., 23.1 per cent. The low percentage in Stage I. may be partly, but not, I think, entirely, explained by the more stringent classification resulting from the increasing use of X-rays in diagnosis ; where X-rays shew more extensive lesions than do the physical signs, the evidence derived from the former decides the stage to which the case is classified. With this reservation it is none the less obvious, however, that in a majority of cases the

institution of treatment and supervision is too long delayed. This delay is in many cases due to the scant attention paid by the patient to the insidious onset of the disease, and his reluctance to seek medical advice for what he may for long consider to be trifling complaints, and later his dread of having his suspicions confirmed. Only by better education of the public in matters pertaining to their health in general, and the possibilities of early treatment of this disease in particular, or by periodical routine medical examinations of the individual, are these delays to be avoided.

In Dispensary work one is often struck by the fact that, after the winter crop of "influenza" cases, the dispensary gets busy with new cases in the Spring months—these new cases will so often say that they have never really got better from the attack of "influenza." The past history of a great majority of patients discloses that, in the year or so before the discovery of tuberculosis as the cause of their ailment, they have suffered one, two or even three attacks of "influenza." Hence would it appear that some advance might be made by a closer scrutiny of cases suffering from "influenza"; and were it more usual to submit the sputum from "influenza" cases to examination for the presence of tubercle bacilli, perhaps fewer cases of pulmonary tubercle would progress to Stages II. and III. before discovery. Another class of case in which a closer scrutiny would repay is that of middle-aged and elderly sufferers from chronic bronchitis; in examining the contacts of an acute adolescent case one often finds that the probable source of infection is an elderly member of the household who has had "chronic bronchitis" for a considerable time and in whose sputum tubercle bacilli are readily demonstrable.

### **Contacts.**

At the first examination of a new case, at home or in the Dispensary, a note is made of all the "home contacts" of the case; when a definite diagnosis of tuberculosis has been reached, the patient is urged by the medical officer to impress on the other members of the household the importance of their being medically examined, first to discover, if possible, the source of the patient's infection, and second to find out if any other member of the household has been infected by the patient and is, unknown to himself, already a victim of the disease, so that the benefits of early treatment may be obtained by him. It is suggested that the contacts be seen in the following order:—(1) bed contacts, (2) room contacts, (3) other home contacts, and appointments for examination are often booked there and then; where attendance at the Dispensary is impossible the offer to examine at the home of the patient is made. It is usually an easy enough matter to get the younger contacts to attend for examination, but more difficulty is experienced with the adults, especially the males, who pooh-pooh the idea that there can be anything wrong with them, or that there is any need for their being examined.



The Tuberculosis Visitor also urges the importance and need for examination of contacts when she visits the home and gets into personal touch with them ; often she succeeds where the indirect approach of the Medical Officer has failed.

During the year 36 contacts were examined, with the result that 4 were found to have tuberculosis, 29 showed no evidence of the disease, and 3 were noted as " suspicious."

### **Home Visitation.**

A total of 1,158 visits to homes of patients were made during 1925. In addition to these, 58 visits were made by the Tuberculosis Officer for medical examination of patients unfit to come to the Dispensary, at the request of their medical attendants or for report to the Ministry of Pensions. The Tuberculosis Visitor made 867 visits for the purpose of various enquiries, reports on housing conditions, giving advice regarding precautions to be taken at home—open windows, disposal of sputum, use of disinfectants, endeavouring to obtain attendance of contacts, old cases with more or less quiescent disease and doubtful cases who have ceased attendance before a definite opinion has been arrived at.

In connection with the revision of the Dispensary Register it was necessary to accomplish more visits than could be undertaken by the Tuberculosis Visitor alone, and the Child Welfare Visitors made 291 visits in this connection in addition to their ordinary routine work.

### **Co-operation.**

Co-operation with the various Public Health clinics and institutions is naturally of the closest nature.

The Schools Medical Officer is supplied with a duplicate of the Dispensary Notification Card in all cases of or under school age, and every case of suspected tuberculosis found by the Schools Medical Officer, amongst school children is referred to the Dispensary for opinion as to the presence of the disease. After return from treatment in institutions the Tuberculosis Officer again furnishes a report to the Schools Medical Officer for guidance as to further care needed, and to suitability for attendance at an ordinary or open-air school. A quarterly review and report on children of school age suffering from tuberculosis is made by the two departments in collaboration.

The Maternity and Child Welfare Officer also sends all doubtful cases from the Welfare and Ante-natal Clinics for report, and the Tuberculosis Officer frequently sees cases in consultation with her at the Maternity and Children's Hospital. Children under five years of age are frequently admitted to this hospital for observation ; as a point of interest it might here be mentioned



that in two infants under one year of age it has been possible to find tubercle bacilli in slides made from a pharyngeal swab taken immediately after the infant was heard to cough, the diagnosis in each case was confirmed later by post-mortem examination. The two officers meet twice a week, and so have opportunity for the exchange of items of interdepartmental interest.

As Assistant Medical Officer of Health the Tuberculosis Officer sees the patients in Marland Infectious Diseases Hospital several times a week, and is occasionally able to detect a stray case of tuberculous infection.

The Venereal Diseases Clinics (Male) at the Rochdale Infirmary are in charge of the Tuberculosis Officer, and as a result several cases of syphilis of the skin, bones and lungs simulating tuberculous conditions have been brought under appropriate treatment with expedition, and without further publicity. Similarly at the Venereal Diseases Clinic it is possible, when suspicion of tubercle is aroused, to arrange attendance at the Dispensary.

The Tuberculosis Officer's presence at the Rochdale Infirmary twice a week enables him to discuss with the House Surgeons the admission of cases of surgical tubercle requiring operation, the resumption of care of patients after operation, to see case reports of persons notified after operation, and to be present, on occasion, at the X-ray examination of cases sent from the Dispensary. He is also asked from time to time to give an opinion on the lung condition of in-patients.

The Crippled Children's Home, at Norden, admits cases of tuberculosis of bones, and the Medical Officer of that institution has very kindly signified his willingness to admit such cases recommended from the Dispensary.

That co-operation with private practitioners is cordial and satisfactory is evidenced by the increasing number of cases that are sent to the Dispensary for opinion prior to notification.

In connection with the revision of the Register and the cancellation of notifications a circular letter has been printed, with provision for details of the case suggested for cancellation and for a "return slip" on which the practitioner can signify his view of the proposed cancellation. The return postage is borne by the department.

In all cases where death occurs within 7 months of notification the practitioner is communicated with, and asked to furnish further details as to the special circumstances of the case.

Specimens of sputum are examined by the Tuberculosis Officer, and a report as to the presence or absence of tubercle bacilli furnished free of cost to private practitioners who care to avail themselves of this service. By this

means it is possible sometimes to suggest to a practitioner that a certain case, whose sputum was found positive, has not yet been notified, or that it would be advisable for the Tuberculosis Officer to examine a particular case in which the sputum result was negative.

During 1925, 361 specimens of sputum were examined ; 110 were found to contain tubercle bacilli, and 251 were negative.

The arrangements detailed in Memorandum No. 286 of the Ministry of Health, regarding insured patients, have not yet been brought into use ; but it is probable that these arrangements will be adopted during 1926.

To the institutions maintained by the Borough Council are admitted a certain number of cases of tuberculosis from areas under the supervision of the Lancashire County Council Tuberculosis Department, and over and above the usual inter-office communications there is a monthly meeting of the Consultant Tuberculosis Officer for the County area surrounding the Borough with the local Tuberculosis Officer. The main object of this meeting is, of course, the monthly review of County cases in Borough institutions, but the occasion is improved by making it a monthly liaison meeting between the County and the Borough for all matters of mutual interest ; and here must be given thanks to Dr. J. L. Stewart (the Officer of the Lancashire County Council) for his valuable help, always so readily accorded.

### **Doubtful Cases.**

In cases where a definite diagnosis of tuberculosis cannot be made, and there remains suspicion that tuberculosis may ultimately prove to be the cause of the illness, a period of observation becomes necessary. The patient's medical attendant is informed that the case is regarded as "doubtful," and that the patient will require observation for a further period before a definite opinion can be given. Such doubtful cases are of two types : those who are able to attend at the Dispensary, and those confined to bed or otherwise unable to attend.

Patients in the first group are examined frequently at the Dispensary until a definite opinion is reached, and should they cease attendance before this occurs then the Tuberculosis Visitor calls at their home address and persuades them to reattend ; usually little difficulty is met with in getting them to attend, since the more difficult it appears to them for the doctor to find that they have consumption, the more they want every effort made to reach the conclusion that they "have not got consumption." Those of the second group are given the opportunity of entering one of the Local Authority's institutions for a period of "In-patient Observation" ; where this is refused, it is suggested to the patient and the medical attendant that the Tuberculosis Officer be given another opportunity to examine the case at a later date.

Should a "doubtful case" leave the area whilst under observation, and his destination be known, the Tuberculosis Officer of the area of destination is acquainted with the essential facts of the case.

### **Special Methods of Diagnosis and Treatment.**

**Radiography.**—More and more, as time goes on, is it realised how essential to the work of a tuberculosis dispensary is the use of X-rays. There is no X-ray apparatus at the Dispensary, nor does the Local Authority possess one. Until recently screen reports were very kindly furnished by the radiographer at the Rochdale Infirmary; but, of course, the help derived from a screen report is limited.

The X-ray department of the Rochdale Infirmary has been reorganised and up-to-date apparatus installed; in September an agreement was entered into between the managers of that institution and the Health Committee, whereby Dispensary cases could be X-rayed at the Infirmary and a report sent along with the negative to the Tuberculosis Officer at a charge of 10/6 for the first examination, and 2/6 for subsequent ones. These examinations are made on Tuesdays and Thursdays, at 9 a.m. and 3-30 p.m., and by the courtesy of the radiographer, Dr. Alan Richardson, the Tuberculosis Officer is enabled to be present at the Tuesday afternoon session and see the screening of his own cases. In several cases the X-rays have shewn definite signs of tuberculosis when other methods of examination have failed to detect any evidence of the disease; in doubtful cases they have often been the deciding factor; in a few cases notified as tuberculosis they have led to a revision of the diagnosis and cancellation of the notification.

Since the arrangement with the Rochdale Infirmary was instituted 46 cases have been sent for examination.

### **Artificial Sunlight.**

For many years it has been known that the ultra-violet constituent of sunlight has certain curative effects, and in recent years many improved types of lamps have been introduced for the artificial production of these ultra-violet rays for therapeutic use. The Dispensary has no artificial sunlight apparatus. Certain cases of lupus (tuberculosis of the skin) are known to have been receiving this form of treatment regularly at the Rochdale Infirmary, and in a majority the results obtained have been little short of marvellous. Considerable benefit has also been noted to accrue to children suffering from glandular tuberculosis who have been submitted to this treatment. As Rochdale is not particularly favoured in its supply of natural ultra-violet rays, the Health Committee should consider the provision of an artificial supply, and whether an apparatus should be installed at the Dispensary, or whether a central light clinic for the use of all the medical departments of the Corporation would better meet the need for this valuable aid to treatment.



Sodium Morrhuate has been used to treat a number of cases of non-pulmonary tuberculosis, but no material improvement could be ascribed to its use.

Artificial Pneumothorax was produced in two cases undergoing treatment in sanatoria not under the control of the Local Authority ; in both cases the result was disappointing.

The use of attenuated tubercle vaccine (Raw) has been continued in certain non-pulmonary cases with very encouraging results.

#### **Dental Treatment.**

No provision is made by the Local Authority for dental treatment to tuberculous patients. In the case of insured persons, where such treatment is considered necessary, they are instructed to apply to their approved society for dental benefit, and help is given by the completion of forms of application and medical certificates.

#### **Nursing and Nourishment.**

No provision is made by the Council for the nursing of cases at home, but when nursing becomes necessary in a case the District Nursing Association is informed. Extra nourishment in the form of fresh milk is given to cases living at home when recommended by the Tuberculosis Officer. Grants of milk were made to 16 persons during 1925.

#### **Non-Pulmonary Treatment.**

The Council have no scheme for the treatment of surgical tuberculosis, or for the provision of surgical apparatus. Cases requiring operative interference are referred to Rochdale Infirmary. Children suffering from tubercle of bones or joints are admitted to the Crippled Children's Home, at Norden. At The Phillipson Children's Sanatorium, Stannington (near Morpeth), 8 beds are available for Rochdale children, and in addition to pulmonary cases the more chronic types of non-pulmonary disease are sent there for concurrent treatment and education.

In some cases a post-operative course of in-patient treatment has been given at the local sanatoria, whilst in other cases, discharged from orthopædic hospitals, post-operative treatment and supervision have been carried out at the Dispensary.

The position as regards the treatment of surgical tuberculosis, especially in adults, is unsatisfactory.



### Care and After-care.

After-care is carried out as far as possible at the Dispensary by post-operative treatment and supervision, and by putting patients in touch with various charitable organisations and suitable work—special mention may be made of the valuable aid given by the Rochdale Charity Organisation Society and the United Services Fund, and of the courteous way in which recommendations from this department are dealt with by them.

In after-care work the Tuberculosis Visitor is a valuable asset to Rochdale's tuberculous patients, and to none more than the children, her devotion to whom makes many inroads on her own time, and leaves her most weeks out of pocket.

There is no Care, or After-care, Committee in Rochdale, nor are there any local arrangements for finding suitable employment for patients, except in so far as this can be done through the Dispensary.

No provision is made for the loan of shelters to be used by patients at their homes.

### Institutional Treatment.

Under the control of the Council are two institutions for the residential treatment of Tuberculosis—Wolstenholme Hall, Norden, and Marland Hospital. In addition to the provision made locally, cases have been sent from time to time for treatment at sanatoria controlled by other authorities. Children have been given in-patient treatment at the Phillipson Children's Sanatorium, Stannington; early cases in women at Morton Banks Sanatorium, Keighley. The Holden Trustees have borne the cost of treatment in sanatoria of not a few cases—chiefly early female cases.

During the year under report 109 cases were treated in institutions at the expense of the Council: 45 were already in institutions at the beginning of the year, and 64 were admitted during its course. There were 9 deaths amongst these in-patients, 60 were discharged in the course of the year, and at its end 40 patients were still undergoing treatment.

As a result of the decreasing number of new cases the average stay in hospital has increased, and cases have not now to wait more than a few days for admission to an institution.

Details for the different sanatoria are to be found in the accompanying table.

Institutions	In Hospital or Sanatorium on 31st Dec., 1924	Admission			Discharged during 1925	Died	Remaining in Hospital at end of year	Average stay in Hospital of Patients disch'rg'd — Months
		Total	Males	Females				
Marland Tuberculosis Hospital ...	12	32	...	32	24	5	15	6.1
Wolstenholme Hall ...	21	24	24	...	25	4	16	6.6
Morton Banks Sanatorium, Keighley	3	..	...	..	2	..	1	7.1
Stannington Sanatm.	9	8	5	3	9	..	8	10.0
<b>TOTAL</b> ...	45	64	29	35	60	9	40	...

#### Marland Pulmonary Hospital.

This consists of a block of four wards situated in the rear of Marland Infectious Diseases Hospital, at the western boundary of the Borough, and contains 22 beds. Females only are treated here, early and advanced cases from Rochdale, and advanced cases from the County of Lancashire. In addition to the Rochdale patients enumerated in the table above, 18 County cases have had treatment during the year. There were 5 in hospital at the commencement of 1925, and 13 were admitted during its course; 8 cases were discharged, 5 died, and 5 were still having treatment at the year's end.

#### Wolstenholme Hall Sanatorium.

This was formerly a private residence, which by the generosity of Ex-Councillor Shawcross has been utilized by the Council during the past six years as a sanatorium. It stands in its own extensive grounds, 775 feet above sea-level, in the Urban District of Norden, and about two miles beyond the Borough Boundary. In the Hall and adjoining hutment there is accommodation for 50 male patients, early and advanced Borough cases, along with advanced cases from the County. A dining-room and a recreation room are provided in the main building, while the gardens afford a means of giving the patients fit for it a modified course of graded work. Besides the Rochdale patients already detailed, 85 County cases were treated in the past year. There were 20 already in residence and 65 were admitted during the year. At the end of the year 28 were continuing treatment, 18 had died, and 39 had been discharged.

In conclusion, it should be pointed out that whilst the noteworthy feature in this year's account of tuberculosis is the exceptional lowness of the incidence and death-rate figures, it should be remembered that these are figures of a single and probably exceptional year.

It is felt that, with the continuing unemployment and short-time prevalent in the Borough, it is probable that the ensuing year will shew an increase in the number of sufferers from this disease.

Returns relating to treatment of patients in residential institutions and cases dealt with at the Dispensary, as forwarded to the Ministry of Health, are shown in Appendix, pages 103—105.

J. C. ROBERTSON,  
Asst. M.O. of H. and  
Tuberculosis Officer.

### (C) VENEREAL DISEASES.

In its attempt to combat the various diseases of venereal type, the County Borough of Rochdale provides for :—

- (1) Clinics for diagnosis and out-patient treatment of persons of both sexes.
- (2) In-patient treatment—two beds are retained in Rochdale Infirmary for this purpose.
- (3) Pathological laboratory facilities for examination of material submitted by private practitioners.
- (4) A free supply of arseno-benzol compounds to practitioners on approved list.

The clinics for the diagnosis and treatment of these diseases were opened at the Rochdale Infirmary in December, 1917, and up to September, 1922, the work was carried out by part-time Medical Officers specially engaged. The whole of the clinic arrangements were then re-organised, and two members of the medical staff of the Public Health Department—Dr. Robertson and Dr. Valentine were appointed—the former to take charge of clinics for males, the latter to take charge of clinics for females.

Structural alterations were made in the clinic rooms, and additional equipment provided.

Instead of two clinics each week, four clinics were arranged—two for male patients, and two for female patients, in addition to daily clinics for intermediate treatment. The days and hours of the clinics now held at the Rochdale Infirmary are as follows :—

MALES		FEMALES	
Tuesday	.. 3-45 to 5-45 p.m.	Tuesday	.. 9-30 to 11-30 a.m.
Thursday	.. 5-0 to 7-0 p.m.	Wednesday	.. 5-30 to 7-30 p.m.

A Medical Officer will be in attendance at these clinics.

INTERMEDIATE TREATMENT is carried out at the above clinics and also at the undermentioned times :—

Monday	..	6-30 p.m.	Monday	..	3-0 p.m.
Wednesday	..	12-0 noon	Thursday	..	3-0 p.m.
Friday	..	6-30 p.m.	Friday	..	3-0 p.m.
Saturday	..	5-30 p.m.	Saturday	..	3-0 p.m.

At the commencement of the year there were 156 persons under treatment, and 164 new cases were dealt with during the year. Of the latter number 111 were diagnosed as suffering from one or other of the venereal diseases.

Of the new cases dealt with, 22 per cent. were resident in districts other than the County Borough of Rochdale.

The total number of out-patient attendances is shown below in comparison with the corresponding figures for 1924.

	1925		1924	
	M.	F.	M.	F.
No. of persons dealt with .. ..	203	120	180	148
Total Attendances for—				
(a) Individual attention by M.O.	1893	910	1741	1037
(b) Intermediate treatment, irrigation, dressings, &c. ..	3122	146	2772	51
Total Attendances .. ..	5015	1056	4513	1088

The service provided by these clinics appears to be quite adequate, and patients who attend appreciate the treatment provided for them. Although, during the past year, it was not found necessary to make much use of the two beds in Rochdale Infirmary, yet nevertheless, is it essential to have such provision for emergency, nor can less than one bed for each sex be regarded as adequate for this purpose. Intermediate treatment, of gonorrhoea particularly, is not so readily available to patients as the Medical Officers would like it to be. The time in which this can be given is limited to certain hours, which have to be arranged to avoid the hours of clinics for the opposite sex. Regular attendance at Intermediate Treatment Clinics is difficult for persons living at a distance from the Infirmary (patients attend from Heywood, Norden, Bacup, Walsden, Milnrow and Royton), for transport workers, whose hours of duty are constantly varying and uncertain, and for women generally. It is almost impossible for women to attend the Infirmary regularly, except in the evening, and there is only one evening hour per week allotted to them for this treatment, because of male clinics and intermediate treatment being held then.



The following Table shows how cases attending the Rochdale Clinic were disposed of during each of the past four years :—

	Y E A R			
	1922	1923	1924	1925
(1) No. of persons who were under treatment, or observation, at the commencement of the year.. ..	169	152	149	156
(2) Number dealt with during the year for the first time (new cases) ..	164	170	179	164
(3) No. of persons who ceased to attend the out-patient clinic—				
(a) Before completing the first course of treatment .. ..	25	20	24	34
(b) After one or more courses, but before completion of treatment .. ..	23	25	13	23
(c) After completion of treatment, but before final tests as to cure .. ..	36	16	19	22
(4) No. of persons transferred to other treatment centres for further treatment .. ..	17	8	9	4
(5) No. of persons discharged—				
(a) After completion of treatment and observation ..	42	66	60	90
(b) As not suffering from any Venereal Disease .. ..	38	38	47	57
(6) No. of persons under treatment, or observation, at the end of the year	152	149	156	93

The absence of facilities for cultural, and complement fixation, tests, and the aid these tests yield in determining “cure” in gonorrhoea, is felt by the Medical Officers to be a handicap.

The Medical Officers also feel that the ever-recurring change of Clinic Nurse (when a Nurse has just become conversant with the working of the Clinic she is replaced) is not in the best interests of clinic efficiency.

On the whole co-operation with the medical profession is satisfactory. Many doctors immediately send all cases of Venereal Disease that they find to the clinic for treatment; and in conversation with the clinic officers, they

have remarked on how seldom they now encounter cases of Venereal Disease. In certain instances, however, there is a tendency to refer patients to the clinic only on the supervision of a complication ; naturally the clinic officers want such patients as are to have treatment at the clinic to come under their care as soon after infection as possible. On the other hand, it is found that use is made of these clinics by persons well able to pay for private treatment, and by some who would like to pay fees to the clinic (not desiring to disclose to their own doctor the nature of their complaint), and by others who, to satisfy some whim, would like a blood test for which they are willing to pay, but for which there is no medical indication.

In many V.D. Clinics patients are expected to pay if, and what, they can, but in Rochdale there is no machinery for such payments, or for charging breakages, etc., against patients. If patients are willing to lessen the cost of their public treatment, surely they should be given the opportunity to do so.

From time to time the place and times of the clinics are advertised in the local newspapers ; and every two years, and sooner if there has been any change in the times of any Public Health Clinic, all the Medical Practitioners in the district are provided with a list of the places and hours of all the clinics administered by the Public Health Department.

No action has been taken in this area under the Venereal Diseases Act, 1917.

#### Pathological Specimens.

Pathological specimens supplied by medical practitioners from patients suspected to be suffering from venereal disease are examined at the Public Health Laboratory, University of Manchester.

Outfits for the collection of these specimens are supplied free by the Public Health Department, and during the past year 357 such outfits were distributed—227 to the Infirmary Clinic and Local Institutions, and 130 to Private Practitioners.

The number of specimens actually examined at the University, Manchester, and by the Medical Officers at the Treatment Clinics was 476, as against 582 in the previous year, as shown below.

			1925		1924
From Rochdale Infirmary Clinic	..	..	260	..	280
Private practitioners	..	..	63	..	92
Other sources (Hospitals, &c.)	..	..	36	..	82
Examined at the University	..	..	359	..	454
Examined by the Medical Officers at the Treatment Centre	..	..	117	..	128
Total Specimen Examinations	..	..	476	..	582

### Arseno-benzol Compounds.

These drugs are supplied free by the Public Health Department to medical practitioners on the "Approved List," which consists of 11 names.

During the year 64 doses were supplied to these private practitioners.

Finally, as to what has already been accomplished in checking these diseases, below is set out the number of new cases attending at the clinics since 1920, found to be suffering from the two principal venereal diseases, and also the number of those in whom no venereal infection was found.

					Syphilis		Gonorrhoea		Not Venereal
1920	..	..	..	..	312	..	126	..	5
1921	..	..	..	..	182	..	51	..	6
1922	..	..	..	..	83	..	41	..	39
1923	..	..	..	..	74	..	55	..	39
1924	..	..	..	..	45	..	83	..	49
1925	..	..	..	..	44	..	53	..	53

It will be seen that syphilis is far less prevalent now, and that while there is improvement as regards gonorrhoea, yet the counter measures are not nearly so successful in the latter disease as they are in controlling the former. Indeed, at this V.D. Clinic, it is rare, now, to see a case of primary syphilis, and, of those seen, nearly all have been acquired in other districts.

Nor must it be forgotten that this lowered prevalence of syphilis will be reflected in a lowering of such infantile mortality as is due to this frequent source of ill-health, crippling, and death in the young.

Again, it is noteworthy that there is an increasing number of persons who come to the clinic and are found not to have Venereal Disease, though, presumably, risks have been taken, i.e., there is a spreading knowledge of matters relating to personal hygiene, and of the value of the free advice and treatment provided by the Council.

J. C. ROBERTSON,

J. M. VALENTINE,

V.D. Medical Officers.

## SECTION VII.

### Maternity and Child Welfare.

The present scheme for attending to the health of expectant and nursing mothers, and children under five years of age, includes :—

The employment of a full-time Lady Medical Officer and five Health Visitors ;  
Inspection of Midwives ;

The establishment of Consultant and Treatment Centres ;  
 The provision of food (milk) for expectant and nursing mothers, and for children under five years of age ;  
 Payment of Midwifery and Doctors' Fees ;  
 Provision of Maternity Bags in necessitous cases.  
 Ante-natal clinics.  
 Hospital treatment for infants, children, and maternity cases.

Five fully qualified Health Visitors are at present employed. Infants are visited as soon as possible after notification of birth. Advice, verbal and by printed leaflets, is given in all cases where a medical practitioner is not in attendance, and the infants are revisited when necessary up to the age of five years. During the past year 17,039 visits were made, chiefly to infants and young children.

Further details of the work of Health Visitors are given in the following summary, but it has to be noted that since the opening of five Maternity and Child Welfare Clinics, much of the time of the Health Visitors previously given to home visiting is now required for the work of the Clinics.

The summary below gives the particulars of the visits paid by the Health Visitors during the past year.

Classification of Visits, Year 1925	No. of Visits
Primary Visits to Births notified (or otherwise reported) ... ..	1,379
" " re Still Births .. .. .	59
Subsequent Visits to Infants under 1 year ... ..	6,326
Subsequent Visits to Infants and Young Children 1—5 years ... ..	6,388
Ante-natal Cases—	
Primary Visits ... ..	113
Subsequent Visits ... ..	19
Infant Deaths ... ..	100
Infectious Diseases—	
Puerperal Fever ... ..	7
Ophthalmia Neonatorum... ..	22
Measles .. ..	19
Epidemic Diarrhoea ... ..	38
Tuberculosis, etc. .. ..	105
Midwives ... ..	174
Milk Distribution Scheme ... ..	42
Miscellaneous—	
Enquiries re Syke and St. Annes Home, etc. ... ..	38
" re Complaints.. ..	62
Enquiries re Medical and Midwifery Fees, Home Helps	
Springfield Hospital, etc. ... ..	356
Sanitary Defects reported to Sanitary Inspector ... ..	19
Unsuccessful Visits (house closed or occupier out) ... ..	773
TOTAL ... ..	17,039



### Inspection of Midwives.

This work is carried out under the direction of the Medical Officer of Health by two Health Visitors, who are fully trained nurses and possess the certificate of the C.M.B. for midwifery, but only part of their time is given to this work.

During the year under review 38 Midwives gave notice of their intention to practice in this Borough, the same number as in the previous year. 26 of this number are fully trained and possess the qualifying certificate.

The Health Visitors appointed to this duty have paid 174 visits to the houses of Midwives for purposes of inspecting their midwifery bags and appliances, and to enquire into their practice.

It was necessary to temporarily suspend six midwives from practice during the year for purposes of disinfection following Puerperal Fever or other infectious diseases. Otherwise no serious irregularity or neglect of duty by any midwife was reported.

### Medical Help.

The number of notifications received at this office from midwives as to sending for medical help in maternity cases during 1925, in accordance with the regulations of the C.M.B. was 378, as compared with 368 in the previous year. 337 of this number relate to abnormal conditions in the mother, and chiefly such as obstructed labour 84, delayed labour 77, ruptured perineum 50, and malpresentation 22 ; 41 others concerned abnormal conditions in the child, chiefly inflammation of the eyes or general weakness.

### Midwifery and Doctors' Fees.

84 applications or claims by Medical Practitioners under the provisions of the Midwives Act, 1918, for payment of medical fees in respect of attendances at the request of the midwife in maternity cases, or 21 more claims than in the previous year 1924.

The Local Authority is empowered to pay bona fide claims in accordance with the schedule of fees fixed by the Ministry of Health, and to recover the fee from the patient or from the husband or other person liable to maintain the patient, unless the Authority are satisfied that by reason of poverty they are unable to pay such fee.

The family circumstances of each of the 84 claims for payment were fully investigated and reported to the Maternity and Child Welfare Committee, with the following results :—

No. of Claims for payment of Medical Fees	..	..	..	84
No. of Claims cancelled or disallowed	..	..	..	10
Gross amount paid by the Local Supervising Authority	..	£129	14s. 0d.	
No. of Medical Fees or part thereof reclaimed from patients	..			31
Amount reclaimed from patients	..	..	£33	19s. 0d.

20 claims were received from Midwives for payment of Midwifery fees, and in 14 necessitous cases the fees were paid. The remaining 6 were either cancelled or disallowed.

### Milk and Food Assistance Scheme.

The present scheme provides for the distribution of milk to expectant and nursing mothers and to children under three years of age, and in exceptional cases to children between three and five years of age, at cost price, or below cost price, or free in necessitous cases; and also for dinners to expectant and nursing mothers. Applications for a free supply of milk or free dinners are considered by the Milk Sectional Committee at convenient intervals.

During the year nearly 8 tons of dried milk, such as Glaxo, Ambrosia, Cow and Gate milk foods were distributed from the Infant Welfare Centres; of this quantity over 2 tons were distributed free to 95 necessitous families, while over 1,626 gallons of fresh milk were supplied free to 81 necessitous families.

The following table shows the amount distributed under the respective heads, along with cost of same in comparison with the corresponding figures of 1924 :—

Food	Quantities Supplied			Cost of Food	
	At Cost Price	Free of Cost		Distributed Free of Cost	Distributed at Cost Price
	Quantity	No. of Cases	Quantity Quarts		
Fresh Milk ...	...	81 (114)	6,503 (6171)	£ s. d. 175 6 7 (168 14 7)	£ s. d. ...
Dried Milk (Glaxo Ambrosia and Cow and Gate)	1 lb. Pkts. 13,365 *(20,160)	95 (180)	1 lb. Pkts. 4,590 (5,715)	301 7 3 (390 16 8)	1,109 0 7 (1,736 7 1)

\* The figures for the year 1924 are shown in brackets.

### Infant Welfare Centres.

The work of these Centres continues on the same lines as in previous years. Owing to the depression in trade and unemployment a considerable amount of time is taken up in the special supervision of cases who are receiving free milk, so as to try and prevent any abuse of this privilege. There is no doubt that many women have been enabled by the supply of a daily allowance of milk or a daily dinner to continue breast feeding, and that many babies have been kept in good health by having the requisite quantity of milk daily who would other-

wise have had to exist as best they could on most unsuitable diet. There has been some further development of the Mothercraft teaching at the Centres in the way of demonstrations of suitable clothing for infants and young children, and instruction in making simple garments, and how to utilise old garments for making new. Our thanks are due to the members of the Ladies' Committee and to the voluntary helpers for this work, and also for their continued services in assisting with weighing, the sale of foods, and in making tea for the mothers.

Five clinics are still held each week in different districts of the town. Mothers with children up to five years of age attend these Clinics ; the number attending is shown in summary below.

Centre	New Cases Admitted during 1925	Total Attendance		Average Attendance per Clinic Day	No. of Infants examined by M.O.
		Children under 1 yr.	Children 1—5 years		
(a) Milton (Ward'w'th)	194	2,441	796	67 (67)*	750
(b) St. Luke's ...	163	2,531	908	73 (86)	732
(c) St. Clement's ...	116	1,594	706	47 (57)	620
(d) Milton (Castleton)	117	2,046	560	52 (69)	663
(e) Castleton Moor ...	83	1,275	201	34 (37)	530
TOTALS ... ..	673	9,887	3,171		3,295

\* Figures in brackets represent the average attendance, year 1924.

### Maternity Outfits.

Under the arrangements for the loaning out to poor families of maternity bags containing the necessary underclothing, linen, etc., for use at time of confinement, 16 bags have been distributed from the Town Hall on loan for a period of one month. On their return the contents of each bag were thoroughly disinfected and sent to the laundry before re-issue.

### Ante-Natal Clinic.

An Ante-Natal Clinic was held at Springfield Hospital twice weekly, as in previous years, up to April 20th, but on and from April 22nd the Clinic has been held at Milton Street Congregational Church Sunday School once a week only—on Wednesday, from 10 a.m. to 12-30 p.m. This change was made in order that the Clinic might be more easily accessible to any expectant mother, whether intending to be confined in the Municipal Maternity Home, or in her own home ; and also so that the midwives might, if they wished, attend with their own cases.



The object of this ante-natal clinic has been explained to the Midwives, and their co-operation invited. An invitation has also been extended to the midwives to attend the clinic with their own cases. The great majority of the patients attending, however, are still those who intend to go to Springfield for their confinement. 165 new cases were entered on the register in 1925, and 205 individual patients made attendances during the year. These mothers, for the most part, attend regularly and well, and are under careful observation from at least the sixth month of pregnancy. 64 clinics have been held throughout the year—the total attendance being 890—236 attendances by patients from outside the Borough, and 654 attendances by Rochdale patients. The average attendance has been 13.9 per clinic.

#### Notification of Births Act, 1907.

The daily notification of births under this Act enable the Health Visitor to pay an early visit to the homes of mothers where no medical man is in attendance. 1,202 notifications were recorded, while only 23 of the total births were not notified.

Notifications by Midwives .. ..	1,135, or 94.4 per cent.
Notifications by Medical Men .. ..	56, or 4.6 „
Notifications by Parents .. ..	11, or 1.8 „

#### Ophthalmia Neonatorum.

Nine cases of this disease were reported during the year, as against 13 last year. Unfortunately in one case the child's vision is reported as impaired.

Cases			Vision		Total Blindness	Deaths
Notified	Treated At Home	In Hospital	un- impaired	impaired		
9	9	..	8	1	..	..

#### Springfield Maternity and Infants' Hospital.

The following statement of the work carried on at Springfield Hospital has been prepared by Dr. Valentine, the resident Medical Officer :

Summary of Patients treated.						
	In Hospital Jan. 1st, 1925	Admitted during 1925	Discharged during 1925	Died	In Hospital Dec. 31st, 1925	Average duration of Stay
Adults	6	181	178	2	7	14 days
Children	16	102	91	10	17	53.8 „



### Treatment of Venereal Disease.

Two adults were treated for venereal disease associated with pregnancy or parturition—one for syphilis and one for gonorrhoea. The woman treated for syphilis was only three months pregnant. She remained twenty-three days in hospital, and during that time had intravenous injections of Stabilarсан ; after discharge she attended the O.P. Venereal Clinic twice, and then defaulted, and has not been seen since. The case of gonorrhoea did well, and had a healthy baby. After her discharge from hospital she attended the V.D. Clinic until she appeared to be cured. She was sixteen days in the hospital.

5 cases of congenital syphilis were treated. Of these 2 were discharged very much better and in fairly good health, but neither continued regularly attending the V.D. Clinic as out patients. 1 was discharged improved in condition, but much damaged by disease of the brain and meninges—he continues under observation as an out-patient. 1 came from Bacup, and was removed by his mother after being in for 22 days. He was improved slightly, but still very ill when removed—the mother was anxious to place him in a hospital nearer his home. 1 child was still an in-patient at the end of the year.

All cases except one child were from the County Borough of Rochdale.

### Maternity Department.

Total number of cases Admitted	..	..	..	..	..	181
Readmissions	..	..	..	..	5	} 12
Post Natal Cases	..	..	..	..	7	
Total number of Maternity Cases Treated	..	..	..	..	..	169

Of these 127 were resident in the Borough of Rochdale, and 49 were from surrounding Boroughs or Districts.

Heywood	..	..	..	..	21 cases
Royton	..	..	..	..	10 „
Oldham	..	..	..	..	5 „
Middleton	..	..	..	..	5 „
Norden	..	..	..	..	3 „
Whitworth	..	..	..	..	2 „
Newhey	..	..	..	..	1 case
Waterfoot	..	..	..	..	1 „
Newton Heath	..	..	..	..	1 „

(an emergency case taken suddenly ill  
in Rochdale and admission requested)

No case from Oldham was booked for admission after March, 1925.

78 cases were primiparae. The average duration of stay was 14 days. The great majority of the women do not wish admission until labour has actually commenced ; but during the year 37 cases have been admitted for various reasons previous to the onset of labour, and have had periods of ante-natal treatment varying from one to seventeen days. 10 of these cases were admitted

for the treatment of some definitely pathological condition. 6 cases were admitted for induction of premature labour because of slight pelvic contraction. 1 case was admitted for induction of labour because of death of the foetus. 20 cases were women who lived some distance away and particularly requested to be admitted before the actual commencement of labour.

During the year 169 babies have been born—75 girls and 94 boys—including two sets of fine healthy twins.

There have been 6 still-births and 2 abortions, and 3 babies died within ten days of birth, making in all 11 foetal deaths. 1 baby which was feeble and unhealthy from birth developed pemphigus and died when seventeen days old. All the babies with the exception of 11 cases were entirely breast-fed when they left the institution, and only 4 of the 11 babies who were not entirely breast-fed left the institution entirely bottle-fed—all 4 for good and sufficient reason.

2 mothers admitted for ante-natal treatment—1 for syphilis, and 1 for antepartum hæmorrhage, went home before their confinement was due, and did not return for it.

3 mothers were admitted during the puerperium :—

1 had an accidental abortion whilst at work and was admitted as an emergency ;

1 was admitted on the 6th day of the puerperium owing to her extremely weak and anæmic condition, and because she had no adequate attention at home. Her baby was admitted with her, and was breast-fed. Both got on well, and went home in good health after a month in hospital ;

1 was admitted at the request of her own doctor three weeks after her confinement, suffering from incontinence of urine, which proved to be due to a vesico-vaginal fistula. Her baby was also admitted with her and was breast-fed. Both mother and baby were transferred after thirteen days to Rochdale Infirmary, where the mother was operated upon. She made a good recovery.

4 mothers were admitted with their infants for the purpose of promoting or re-establishing breast feeding :—

In 1 case the result was excellent—breast feeding being completely re-established and the baby being fed in this way for nine months developed into a beautiful healthy child ;

In 1 case the result was a failure—but this mother was feeble-minded and firmly convinced that she could not feed her child ;

In the other 2 cases the babies improved and gained weight whilst the mothers were in hospital, but recourse to bottle feeding became necessary again soon after they returned home.

That the treatment in the Maternity Wards is appreciated is abundantly evident by the gratitude expressed by the mothers and by the numerous unsolicited testimonials given ; and also by the fact that the majority of our patients are recommended by previous patients or have themselves been previous patients. That the work is of great educational value is also evident by the after results, as most of the mothers try to carry out the hospital regime after they go home, and many are regular attenders at the Infant Welfare Centres. The Health Visitors also find it is always easier to inculcate the principles of infant hygiene in mothers whose confinement has taken place in hospital, where they have seen the results of these principles when put into practice. It is still difficult to persuade the mothers from the poorest and dirtiest homes to go to a hospital for their confinement, but there is no doubt that the prejudice against hospital even in these homes is becoming slowly eradicated, and many more of the poorest mothers would willingly come into a Maternity Home could arrangements be made for the care of other young children who are left at home.

### Midwifery Training.

During 1925 five Nurses completed the training required by the Central Midwives Board, and entered for the examination. Four were successful, and obtained the certificate of the C.M.B. The training of the pupil midwives this year has included a period spent in district work, each nurse having personally delivered and attended during the puerperium at least five cases in their own homes after having had at least fifteen cases in the hospital. The district work is carried out under the supervision of one of the Midwives in the town, the pupils living with her for the necessary time required. At present this arrangement is made with Mrs. Clarkson, Yorkshire Street, and has proved comparatively simple and successful. Mrs. Clarkson is recognised by the Central Midwives Board as an approved teacher for practical instruction.

### Treatment of Infants and Young Children.

102 children have been admitted, including 7 readmissions. The ages of these children on admission were as follows :—

					Boys	Girls
Under 3 months	..	..	..	6	..	12
3 to 6 months	..	..	..	10	..	6
6 to 12 months	..	..	..	11	..	5
12 to 18 months	..	..	..	8	..	14
18 months to 2 years	..	..	..	4	..	10
2 to 3 years	..	..	..	3	..	5
3 to 4 years	..	..	..	2	..	1
4 to 5 years	..	..	..	1	..	4
				<hr/>	<hr/>	<hr/>
				45	..	57
				<hr/>	<hr/>	<hr/>



### Treatment by Artificial Sunlight.

In August an Artificial Sunlight Lamp of the "Arnold Alpine Sun" type with tungsten cored carbon electrodes was installed, and treatment was begun on September 7th. From then until the end of the year the majority of the babies have been exposed to the rays, and the results are on the whole encouraging, although not spectacular. It is claimed by the makers that ten cases can be exposed simultaneously to this lamp, and at first we attempted to expose 8 children at once, but from experience have found that 6 young children at once are as many as can be easily managed, and that in the case of infants it is advisable to reduce this number to 4. By this method the babies have comfortable room to stretch themselves out, and yet all are within a sufficiently small radius of the centre of the arc to derive real benefit.

The children have been treated on the following plan :—Their eyes are protected by special goggles, and they wear sun bonnets of Turkey red cotton to protect their heads and the nape of the neck and cervical spine. Apart from this and a loin cloth they are naked. They get three exposures weekly with an interval of one or two days between the exposures. They begin with an exposure of ten minutes duration—five minutes to the back, and five minutes to the front. They have three exposures of this duration, then two exposures of fifteen minutes, and finally twenty minutes' exposures. Babies under one year old have not been exposed for longer than twenty minutes, but older children have had exposures of thirty minutes. There has been no routine course of treatment, the exposures being continued as long as the child appeared to be deriving benefit and was well on the way towards recovery. Up to the end of December 42 children were treated—39 of these were in-patients throughout the whole treatment, 1 was an out-patient throughout the whole treatment, and 1 began as an in-patient, and continued as an out-patient. 12 were still undergoing treatment at the end of the year.

The maximum number of exposures given to any one child up to the end of December was 40=12 hours 40 minutes.

The diseases treated may be grouped as follows :—

1.—NON-THRIVING INFANTS SUFFERING FROM MARASMUS AND CHRONIC DYSPEPSIA.—7 cases treated.

Results.—4 cases—very good.

1 case—no improvement after 11 exposures.

1 case—slight improvement after 10 exposures.

1 case—no marked improvement.

2.—MARASMUS ASSOCIATED WITH CONGENITAL SYPHILIS.—2 cases.

Results.—1 very good.

1 no obvious improvement.

3.—INFANTILE ECZEMA.—3 cases.

Results.—1 taken home after only 4 exposures—no improvement.

1—after 8 exposures was much improved.

1—after 17 exposures—in very good health.



## 4.—MENTALLY BACKWARD.—4 cases.

Results.—1 showed no improvement.

2 decidedly brighter and had more muscular tone—one after 20 exposures=5 hours 53 minutes; and one after 10 exposures=3 hours 5 minutes.

1 Cretin—decidedly improved in colour, muscular tone, and intelligence after 21 exposures=6 hours 30 minutes—but also having Thyroid Extract.

## 5.—BRONCHITIS AND ASTHMA.—2 cases.

Results.—1—improved—21 exposures=7 hours 10 minutes.

1—very much improved—15 exposures=4 hours 20 minutes.

## 6.—GENERAL DEBILITY AND ANAEMIA.—5 cases.

Results.—1—only 2 exposures—No obvious improvement.

1—result fair—only 3 exposures.

3—result good—6 exposures=1½ hours.  
11 exposures=3 hours 40 minutes.  
29 exposures=11 hours.

## 7.—GENERAL ILL-HEALTH—TUBERCULAR DIATHESIS.—4 cases.

Results.—1—fair—33 exposures=10 hours 28 minutes.

1—good—9 exposures=2 hours 30 minutes.

2—very good—25 exposures=7 hours 40 minutes.  
32 exposures=10 hours.

## 8.—RICKETS.—12 cases. Result in every case very good as judged by general improvement in muscular tone, condition of skin, improvement in deformities, and alertness. No X-ray photographs taken.

Exposures.—21=7 hours 1 minute. Result very good.

26=7 hours 52 minutes. Result very good following after real sunlight.

15=4 hours 15 minutes. Result very good following after real sunlight.

9=2 hours 23 minutes. Result very good following after real sunlight and operation for adenoids.

8=1 hour 55 minutes. Result very good following after real sunlight.

15=4 hours 35 minutes. Result very good.

22=8 hours 40 minutes. Result very good.

29=9 hours 10 minutes. Result very good.

28=8 hours 50 minutes. Result very good.

19=5 hours 50 minutes. Result very good.

16=4 hours 50 minutes. Result very good.

10=2 hours 40 minutes. Result very good.

## 9.—ENTERITIS.—2 cases. Both improved, but in neither case could the improvement be regarded as solely due to ultra violet rays.

1 had 6 exposures=1½ hours.

1 had 9 exposures=2½ hours.

## 10.—AFTER OPERATION FOR ADENOIDS.—1 case.

4 exposures=55 minutes. General health much improved.

To give these exposures it has been calculated that the lamp has been burning for 60 hours. The general impression of the effect of the artificial sunlight treatment is that for Rickets it is excellent, and that generally it enables one to obtain in the dark winter months similar results to what are obtained in summer, when the children can be out of doors all day. We have noticed also this winter, as compared with previous years, a remarkable freedom from infectious skin eruptions such as impetigo spreading amongst the children, and also less tendency to sore buttocks. There has been no case of extreme reaction of the skin, and as a general rule pigmentation of the skin in the infants is not marked except on the face.

**Report on the present condition of health of children treated in Springfield Hospital from its opening in June, 1918, to the end of December, 1925.**

Total number of Admissions	..	..	..	..	..	..	752
Number re-admitted once	..	..	..	..	..	66	
Number re-admitted twice	..	..	..	..	..	12	
Number re-admitted three times	..	..	..	..	..	3	
Total re-admissions	..	..	..	..	..	81	99
Actual number of children treated	..	..	..	..	..	..	653

The following is a statistical record of the subsequent history of these children :—

Died in Hospital	..	..	..	99	} 145 = 22.2 per cent.
Died since Discharge	..	..	..	46	
In good health now	..	..	..	..	309 = 47.32 per cent.
In fair health now (i.e., children who are not healthy at present but whose health is likely to improve soon)	..	..	..	..	75 = 11.33 „
In poor health now	..	..	..	..	20 = 3 per cent.
In other institutions now such as Dearnley, Cottage Homes, Whitworth Convent, Cripple Children's Home (Norden), Royal Albert Institution (Lancaster)—some of these children are in good health, but homeless, others are likely to grow up to be useful citizens	..	..	..	..	33 = 5 per cent.
Not traced—					
Removed to other addresses and not found				29	} = 11.02 per cent.
Removed out of town or gone abroad				30	
In hospital for such a short period that they could not be said to have received treatment here	..	..	..	..	
				12	
				653	

This means that out of 653 children treated 384 (or 58.6 per cent.) are now known to be on the fair way to grow up into healthy, useful citizens. Of the others many are presumably in good health, and even those in other institutions are not all in bad health, so that it may be safely claimed that at least 60 per cent. are likely to turn out useful members of the community. The death-rate amongst these children is high—22.2 per cent.—but considering the type of child dealt with this is not surprising, and the more ill the baby, the more necessary skilled nursing and observation and the hygienic surroundings of the hospital become. Therefore, I think it may be claimed that the results justify the expenditure. Many of these children come from very poor homes, and have ignorant and careless mothers, and undoubtedly without the aid of the Infant Hospital the death-rate amongst them would be much higher—many miserable, weakly, marasmic infants have been “resurrected” in these wards during the past seven and a half years.

It is encouraging to notice, from general observation, but without any definite statistics, that there are decidedly fewer cases of severe marasmus and wasting in infants year by year, and also that it is becoming much less common to see cases of congenital syphilis with severe and blatant manifestations of the disease. I think there is no reason to doubt that the years of education and steady preventive work are already beginning to bring their harvest of better health amongst young children.

JESSIE M. VALENTINE,

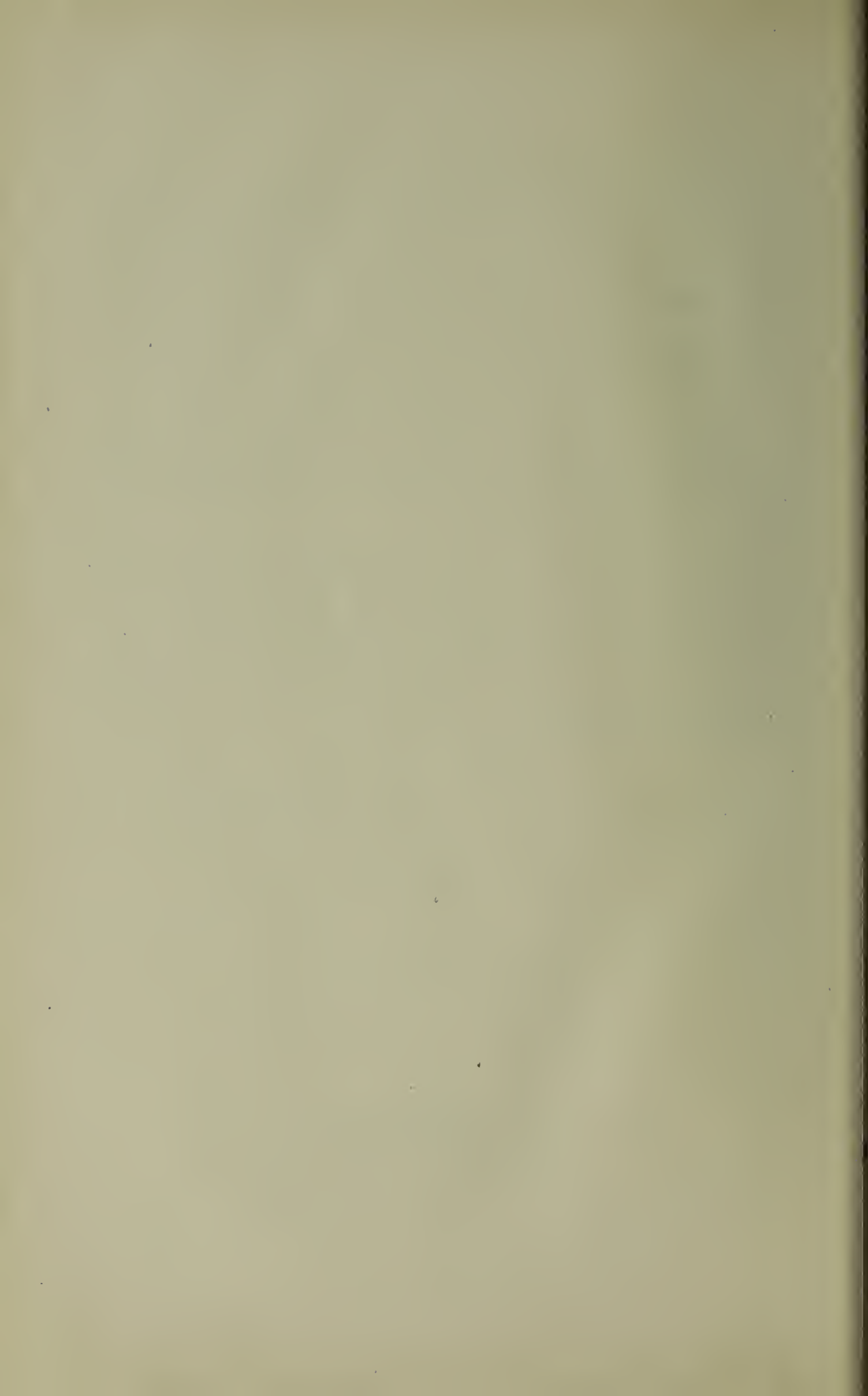
Asst. M. O. of H. and  
Maternity and Child Welfare Officer.

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*A. G. Anderson*

TOWN HALL,  
ROCHDALE,  
*August 30th, 1926.*

Medical Officer of Health  
and  
Chief School Medical Officer.





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## TABLE II.

LIST OF ADOPTED ACTS, BYE-LAWS, &c.,  
IN FORCE IN THE BOROUGH.**Adopted Acts.**

Public Health Acts Amendment Act, 1890 (Parts 2, 3, 4, 5).

The Notification of Births Act, 1907.

Public Health Acts Amendment Act, 1907 :—

Sections adopted—

Sections 18, 20, 21, 22, 23, 24, 25, 26, 29, 32 and 33 comprised in Part II. ;

Sections 34, 35, 36 37 38, 45, 46, 49, 50 and 51 comprised in Part III. ;

Sections 52, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65 67 and 68 comprised in Part IV. ;

Part V. ; and

Part VI. ;

Sections 78, 79, 81, 85, in Part VII. ;

Sections 88 and 89 in Part VIII.

**Bye-Laws.**

NUISANCES (1912)—

For the prevention of nuisances arising from snow, filth, dust, ashes, and rubbish, and for the prevention of the keeping of animals on any premises so as to be injurious to health.

SLAUGHTER-HOUSES (1885)—

For the Licensing, Registering, Inspection and Regulation of Places used as Slaughter-houses.

**Regulations.**

DAIRIES, COWSHEDS, MILKSHOPS (1911)—

- (a) For the Inspection of Cattle in Dairies.
- (b) For prescribing and regulating the Lighting, Ventilation, Cleansing, Drainage and Water Supply of Cowsheds and Dairies in the occupation of persons following the trade of Cowkeepers or Dairymen.
- (c) For securing the Cleanliness of Milkshops and of Milk Vessels used for containing milk for sale by persons following the trade of Cowkeepers or Dairymen.
- (d) For Prescribing Precautions to be taken by Purveyors of Milk and Persons Selling Milk by retail against infection or contamination.

TABLE I.—PUBLIC HEALTH STAFF.

Office Held	Name	Qualification	Other Offices held
Medical Officer of Health ...	A. G. ANDERSON ...	M.D., D.Sc., D.P.H., D.T.M. M.A., ...	School Medical Officer, Medical Supt. of Isolation Hospital, Administrative Tuberculosis Officer
Tuberculosis Officer ...	J. C. ROBERTSON ...	B.Sc., M.B., Ch.B., D.P.H.	V.D. Officer
Assist. School Medical Officer...	M. GRAHAM ...	M.B., Ch.B., D.P.H.	
Medical Officer Maternity and Child Welfare ...	J. M. VALENTINE ...	B.Sc., M.B., Ch.B., D.P.H.	V.D. Officer
Dental Officer ...	H. CANTOR ...	L.D.S., R.C.S., Eng.	
Chief Sanitary Inspector ...	A. E. DUNCAN ...	R.S.I. Cert. ...	Insp. of Canal Boats Insp. Food & Drugs Acts
Assistant Sanitary Inspector ...	T. WHITELEY ...	R.S.I. Cert.	
" " " ...	F. COOKSON ...	R.S.I. Cert.	
" " " ...	H. NUNN ...	R.S.I. Cert.	
Chief Clerk ...	F. SCHOFIELD ...	R.S.I. Cert.	
Seven Assistant Clerks...			
Meat and Dairy Inspector ...	S. HENNINGS ...	R.S.I. Cert. and Meat Insp. (R.S.I.) Cert.	
Removal & Disinfection Officers	J. E. ECCLES S. HOWARTH		
Health Visitors "Maternity and Child Welfare) ...	Miss L. WHIPP ... Miss M. McDONALD ...	R.S.I. Cert. Gen. Training and C.M.B. Cert.	
	Miss L. LORD ..	" "	
	Miss B. LOCKETT ...	" "	
	MRS. E. CLEGG..	" "	
Tuberculosis Health Visitor ...	Miss C. HOLT ...	" " and R.S.I. Cert.	
School Nurse ...	Miss M. LINEHAM ...	Gen. Training & C.M.B. Cert.	
" " ...	Miss M. INGHAM ...	Gen. Training Cert.	
Dental Assistant ...	Miss G. PETRIE		

## Corporation Hospital Staffs.

	Matron	Sisters	Nurses	Domestic Staff	Total
Marland Hospital ...	1	4	15	18	37
Springfield Hospital ...	1	3	9	11	24
Wolstenholme Hall Sanatorium ...	1	2	5	11	19
	3	9	29	40	80







TABLE IV.

INFANT MORTALITY.—Nett Deaths from stated causes at various Ages under one year of age—Year ending Dec. 31st, 1925.

CAUSE OF DEATH				Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
All Causes	Certified ...	...	...	50	5	5	1	61	20	22	14	12	129
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	1	...	...	1
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	1	2	...	1	4
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	1	1	2
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	1	...	...	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	1	...	...	1
Convulsions	...	...	...	...	...	...	...	...	1	1	1	...	3
Bronchitis	...	...	...	...	...	...	...	...	2	1	...	2	5
Pneumonia (all forms)	...	...	...	...	...	1	...	1	2	3	7	4	17
Other Diseases of Resp. Organs.	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	...	...	...	...	...	...	...	...	1	...	...	2	3
Enteritis	...	...	...	...	...	...	...	...	...	1	...	1	6
Gastritis	...	...	...	...	...	...	...	...	2	...	4	...	2
Other Dis. of Digestive System	...	...	...	...	...	...	...	...	...	2	...	...	2
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation (overlying)	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	6	...	...	1	7	...	...	...	...	7
Atelectasis	...	...	...	2	...	...	...	2	...	...	...	...	2
Congenital Malformation	...	...	...	2	1	...	...	3	5	1	...	...	9
Premature Birth	...	...	...	31	1	2	...	34	2	1	...	...	37
Atrophy, Debility & Marasmus..	...	...	...	7	1	1	...	9	4	6	1	...	20
Other Diseases of Early Infancy	...	...	...	1	...	...	...	1	...	...	...	...	1
Other Causes	...	...	...	1	2	1	...	4	...	1	...	1	6
TOTAL				50	5	5	1	61	20	22	14	12	129

Nett Births in the year :—Legitimate 1,298 ; Illegitimate 84.

Nett Deaths in the year :—Legitimate infants 114 ; Illegitimate infants 15.

TABLE V.

Maternal Mortality in Rochdale and neighbouring towns during 1925, and previous ten years.

TOWN	Estimated Population 1925	MORTALITY PER 1,000 BIRTHS.					
		Average 5 yrs. 1915-1919		Average 5 yrs. 1920-1924		Year 1925	
		Puer-peral Sepsis	Child Birth (Mother)	Puer-peral Sepsis	Child Birth (Mother)	Puer-peral Sepsis	Child Birth (Mother)
BOLTON ..	180,400	1.40	3.53	1.98	3.26	2.70	2.00
BLACKBURN ..	126,900	2.04	3.18	1.87	4.35	2.60	3.10
BURNLEY ..	102,300	1.91	3.86	1.23	3.35	—	0.73
BOOTLE ..	83,260	1.04	2.43	0.99	2.32	0.50	2.00
HUDDERSFIELD ..	112,000	1.05	4.43	1.66	4.48	0.61	4.90
HALIFAX ..	98,090	1.78	4.38	1.37	4.53	0.70	4.90
OLDHAM ..	146,200	2.77	3.93	2.28	3.43	0.84	1.26
ST. HELENS ..	109,600	1.53	3.48	1.49	2.81	2.66	2.66
WARRINGTON ..	78,260	1.28	2.59	1.80	2.95	2.30	0.50
WIGAN ..	91,010	2.61	4.19	2.01	3.04	0.53	3.23
Average 10 Towns ..		1.74	3.60	1.67	3.45	1.34	2.53
ROCHDALE ..	92,190	1.32	5.74	1.35	4.04	2.17	10.13
ENGLAND AND WALES ..		1.42	2.65	1.45	2.10	1.62	2.24

Deaths in Rochdale from maternal causes showing the number occurring in private dwellings and those in public institutions during past 11 years.

Year	Puerperal Sepsis			Child Birth (Mothers)		
	Total	Private Dwell-ings	Public Institu-tions	Total	Private Dwell-ings	Public Institu-tions
1915	—	—	—	7	5	2
1916	1	1	—	15	11	4
1917	2	2	—	7	3	4
1918	1	—	1	3	3	—
1919	—	—	—	9	5	4
1920	4	4	—	11	8	3
1921	2	1	1	14	3	11
1922	1	—	1	7	3	4
1923	1	—	1	8	1	7
1924	1	—	1	2	—	2
1925	3	3	—	14	6	8
Totals	16	11	5	97	48	49

TABLE VI.

Details of Additional Work of Reconstruction carried out in connection with separate Pail Closet Conversions, Year, 1925.

Ref. No. in Register	No. of Houses	Particulars of Work
3484 to 3489	6	Drainage of six houses reconstructed on modern principles ; four manholes constructed ; two pail-closet buildings demolished, and two new W.C. buildings erected.
3955	1	Pail closet building demolished and new W.C. building erected.
2764	12	Twelve pail closets repaired and re-arranged to give sufficient height ; portion old drainage reconstructed.
777	7	Seven pail closet buildings demolished and new W.C. buildings erected ; ashtubs replaced by sanitary dustbins ; new drainage constructed on modern principles for seven houses ; passage drain reconstructed and manholes and ventilation shaft provided.
780	5	Five pail closet buildings demolished and new W.C. buildings erected ; ashtubs replaced by sanitary dustbins ; drainage reconstructed on modern principles for five houses ; passage drain reconstructed.
781	13	Seven existing pail closets repaired and converted ; three pail closet buildings demolished and new W.C. buildings erected ; drainage reconstructed on modern principles for 13 houses ; passage drain reconstructed, manholes and ventilation shaft provided.
3993	3	One pail closet repaired and re-arranged to give sufficient height ; ashtub replaced by sanitary ashbin ; portion old drainage reconstructed.
2429	12	Three pail closets repaired and re-arranged to give sufficient height ; portion old drainage reconstructed.
3887	9	Three pail closet buildings demolished and new W.C. buildings erected ; portion of passage drain reconstructed.
3882 to 3885	4	Four pail closet buildings repaired and converted ; drainage reconstructed on modern principles for four houses ; passage drain reconstructed, manholes and ventilation shaft provided.



TABLE VII.

Details of Additional Improvement Work carried out contemporarily with work of Conversion of Pail Closets—Joint Accommodation, Year, 1925.

Reference.	No. of Houses affected	No. of Pail Closets	No. of Water-Closets provided	No. of Ashbins provided	Particulars of Scheme of Improvement
A	5	2	3	5	Two pail closets repaired and re-arranged to give sufficient height ; one additional W.C. provided ; drainage reconstructed on modern principles.
B	30	9	19	24	Three pail closet buildings demolished and seven new W.C. buildings erected ; ash-tubs replaced by sanitary ashbins ; 150ft. drainage reconstructed, manholes and ventilation shaft provided.
C	4	2	4	4	Two pail closet buildings demolished and four new W.C. buildings erected ; ashtubs replaced by sanitary ashbins ; 20ft. drainage reconstructed, and additional manhole provided.
D	8	4	4	6	Four pail closet buildings demolished and new W.C. buildings erected in suitable positions ; ashtubs replaced by sanitary ashbins ; 40ft. drainage reconstructed and manhole provided.
E	11	6	11	11	Six pail closet buildings demolished ; open ashplace demolished ; seven new W.Cs. built in to houses with approach from outside ; seven staircases replaced.

Refer ence	No. of Houses affected	No. of Pail Closets	No. of Water- Closets provided	No. of Ashbins provided	Particulars of Scheme of Improvement
F	4	1	4	4	One pail closet building demolished and four new W.C. buildings erected in suitable positions ; ashtubs replaced by sanitary ashbins ; three houses provided with back doors ; 60ft. of drainage reconstructed and man-hole provided.
G	10	6	9	10	Four pail closet buildings demolished ; two pail closets repaired and converted ; seven new W.C. buildings erected ; 40ft. of drainage reconstructed, manholes and ventilation shaft provided.
H	6	3	5	6	Three pail closet buildings demolished and five new W.C. buildings erected ; ash-tubs replaced by sanitary ashbins ; 60ft. drainage reconstructed on modern principles and all old drains taken out ; three slop-stone waste-pipes renewed and three gullies replaced.
J	6	2	4	5	Two pail closet buildings demolished and four new W.C. buildings erected ; new drainage provided to same.
K	19	8	13	14	Four pail closet buildings demolished ; four pail closets repaired and converted ; nine new W.C. buildings erected in suitable positions ; ashtubs replaced by sanitary ashbins.
L	16	6	9	12	Three pail closet buildings rearranged to give sufficient height and converted ; three pail closet buildings repaired and converted ; three additional W.Cs. provided ; drainage reconstructed on modern principles and old drainage taken out.

Reference	No. of Houses affected	No. of Pail Closets	No. of Water-Closets provided	No. of Ashbins provided	Particulars of Scheme of Improvement
M	7	4	7	7	Three pail closet buildings repaired and converted ; four additional W.Cs. provided ; additional manhole provided.
N	8	4	7	6	Two pail closet buildings repaired and converted ; two pail closet buildings re-arranged to give sufficient height and converted ; three additional W.Cs. provided ; ashtubs replaced by sanitary ashbins.
O	19	4	14	18	Four pail closet buildings demolished and ten new W.C. buildings erected in suitable positions ; 180ft. new drainage provided with two manholes and ventilation shaft ; ashtubs replaced by sanitary ashbins.
P	26	10	18	18	Six pail closet buildings repaired and converted ; closet building re-arranged to provide two additional W.Cs. ; ten additional W.Cs. provided ; 100ft. new drainage provided with two manholes and ventilation shaft ; ashtubs replaced by sanitary ashbins.
Q	21	8	12	16	Eight pail closet buildings demolished and twelve new W.C. buildings erected in suitable positions ; portion old drainage reconstructed ; manhole provided.
R	6	2	3	4	Two pail closet buildings repaired and converted ; one additional W.C. provided ; 40ft. new drainage provided with manholes and ventilation shaft.

Reference	No. of Houses affected	No. of Pail Closets	No. of Water-Closets provided	No. of Ashbins provided	Particulars of Scheme of Improvement
S	2	1	2	2	One pail closet building demolished and two new W.Cs. erected in suitable positions.
T	18	6	11	14	Six pail closet buildings demolished and eleven new W.C. buildings erected in suitable positions; additional manhole provided; ashtubs replaced by sanitary ashbins.
U	13	6	10	10	Six pail closet buildings repaired and converted; four new W.C. buildings erected in suitable positions; portion old drainage reconstructed; new gully provided and two manholes installed.
V	12	4	9	10	Four pail closet buildings demolished and nine new W.C. buildings erected in suitable positions; 120ft. new drainage provided with two manholes and ventilation shaft.
W	16	6	12	12	Six pail closet buildings demolished and twelve new W.C. buildings erected; ashtubs replaced by sanitary dustbins.
X	4	1	3	4	One wooden pail structure demolished and three new W.Cs. erected in suitable positions.
Y	6	3	4	6	Three pail closet buildings demolished and four new W.C. buildings erected in suitable positions; portion old drainage reconstructed.
Z	15	7	13	12	Four pail closet buildings demolished; three pail closets repaired and converted; six additional W.Cs. erected in suitable positions; 20ft. of drainage reconstructed; ashtubs replaced by sanitary ashbins.



Reference	No. of Houses affected	No. of Pail Closets	No. of Water-Closets provided	No. of Ashbins provided	Particulars of Scheme of Improvement
AA	8	2	4	6	Two pail closet buildings demolished and four new W.Cs. provided in suitable positions ; drainage reconstructed, manhole and ventilation shaft provided.
BB	14	6	9	12	Six pail closet buildings repaired and converted ; ash-place demolished and sanitary ashbins provided ; three new W.Cs. provided in a suitable position.
CC	10	4	6	8	Four pail closet buildings demolished and six new W.Cs. provided in suitable positions ; 60ft. drainage reconstructed, manhole and ventilation shaft provided.
DD	14	7	11	12	Seven pail closet buildings demolished and eleven new W.Cs. erected ; portion old drainage reconstructed ; manhole and ventilation shaft provided.
EE	12	5	7	10	Five pail closet buildings demolished and five new W.Cs. erected ; scullery, bathroom and W.C. erected ; one W.C. installed inside ; ashtubs replaced by sanitary ashbins ; yard surface concreted.
FF	14	6	14	12	Six pail closet buildings demolished and fourteen new W.C. buildings erected in suitable positions ; six scullery windows bricked up and top lights provided ; ashtubs replaced by sanitary ashbins.

Reference	No. of Houses affected	No. of Pail Closets	No. of Water Closets provided	No. of Ashbins provided	Particulars of Scheme of Improvement
GG	8	6	7	8	Six pail closet buildings demolished and seven new W.C. buildings erected ; portion old drainage reconstructed.
HH	8	3	4	6	Three pail closet buildings repaired and converted ; ashplace converted into W.C. ; manhole and ventilation shaft provided to existing drainage.
JJ	12	4	10	12	Four pail closet buildings demolished and ten new W.C. buildings erected in suitable positions ; 120ft. new drainage and two manholes and ventilation shafts provided ; portion old drainage reconstructed.
KK	7	3	6	6	Three pail closet buildings demolished and six new W.Cs. provided ; ventilation shaft to existing drainage provided ; common yard reflagged.
LL	8	3	4	6	Three pail closet buildings repaired and converted ; one additional W.C. erected ; ashtubs replaced by sanitary ashbins.
MM	7	4	7	7	Four pail closet buildings demolished and seven new W.Cs. erected in suitable positions.

TABLE VIII.

Foodstuffs seized or surrendered and destroyed as unfit for human food, 5 years—1921, 1922, 1923, 1924 and 1925.

[illegible]

Year, 1925.

Disease or Condition	No. of Animals Affected	Weight in lbs.
Tuberculosis ... ..	92	26,721
Septicæmia ... ..	12	3,564
Abscesses ... ..	22	220
Pericarditis ... ..	15	96
Dropsy ... ..	16	1,352
Cirrhosis ... ..	95	950
Imperfect Bleeding ... ..	13	2,186
Frozen Meat (Unsound) ... ..	...	671
Actinomycosis ... ..	3	84
Unwholesome ... ..	..	1,276
Fruit and Vegetables ... ..	...	2,506
Fish ... ..	...	578
Miscellaneous ... ..	...	1,196
Foot and Mouth Disease .. ..	...	112
Total Weight—18 tons 10 cwt. 5 st. 2 lbs.		

TABLE IX.

**Statement of Legal Proceedings instituted under Food and  
Drugs Act, Year 1925.**

No.	Date of Hearing	Offence	Result
*243	28th Jan.	Selling Milk 20 per cent. defi- cient in fat .. ..	Fined £8, Analyst's Fee and Costs.
247	13th Feb.	Selling Milk 20 per cent. defi- cient in fat .. ..	Fined £2, Analyst's Fee and Costs.
258	25th Feb.	Selling Skimmed Milk 6 per cent. deficient in non- fatty solids .. ..	Fined £2, Analyst's Fee and Costs.
263	18th Mar.	Selling Milk 47 per cent. defi- cient in fat .. ..	Fined £5, Analyst's Fee and Costs.
	17th Apl.	Refusing to sell to Inspector ..	Fined £10 and Costs.
286	10th June	Selling Milk 5.8 per cent. added water .. ..	Fined £5, Analyst's Fee and Costs.
351	22nd July	Selling Milk 10 per cent. defi- cient in fat .. ..	Case dismissed.
357	22nd July	Selling Milk 6 per cent. added water .. ..	Case dismissed (Warranty)
359	22nd July	Selling Milk 7 per cent. defi- cient in fat .. ..	Fined £1 each, Ana- lyst's Fees and Costs.
357	30th Sept.	Selling Milk 6 per cent. added water .. ..	Fined £5, Analyst's Fee and Costs.
†51	1926 20th Jan.	Selling Milk 10 per cent. defi- cient in fat .. ..	Fined £1, Analyst's Fee and Costs.

\*This sample was taken in 1924 but the proceedings were taken in 1925.

†This sample was taken in 1925 but the proceedings were taken in 1926.



TABLE X.

### FACTORIES, WORKSHOPS AND WORKPLACES.

#### 1—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.  
(HOME OFFICE RETURN.)

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Prosecutions (4)
FACTORIES .. .. . (Including Factory Laundries)	14	—	—
WORKSHOPS .. .. . (Including Workshop Laundries)	254	24	—
WORKPLACES .. .. . (Other than Outworkers' premises)			
TOTAL .. .. .	268	24	—

#### 2—Defects found in Factories, Workshops and Workplaces.

Particulars (1)	Number of Defects			Number of Prosecu- tions (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
NUISANCES UNDER THE PUBLIC HEALTH ACTS—				
Want of cleanliness .. .. .	9	9	—	—
Want of Ventilation .. .. .	—	—	—	—
Overcrowding .. .. .	—	—	—	—
Want of drainage of floors .. .. .	—	—	—	—
Other nuisances .. .. .	4	4	—	—
Sanitary accommodation—				
Insufficient .. .. .	1	1	—	—
Unsuitable or defective .. .. .	10	10	—	—
Not separate for sexes .. .. .	—	—	—	—
OFFENCES UNDER THE FACTORY AND WORKSHOP ACTS—				
Illegal occupation of underground bakehouse (s. 101) .. .. .	—	—	—	—
Other offences .. .. .	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Sched- ule to the Ministry of Health (Factories and Workshops Tran- fer of Powers) Order, 1921.)				
TOTAL .. .. .	24	24	—	—

TABLE XI.

**Housing Statistics for the Year, 1925.**

Number of new houses erected during the year :—

(A) Total (including numbers given separately under (B) ) ..	168
(B) With State assistance under the Housing Acts :—	
(i.) By the Local Authority .. .. .	64
(ii.) By other bodies or persons .. .. .	93

**1.—UNFIT DWELLING-HOUSES.**

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)

(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 .. .. .	Nil
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	2
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..	Nil

**2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ..

Nil

**3.—ACTION UNDER STATUTORY POWERS.**

A.—Proceedings under section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. ..	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(A) By owners .. .. .	Nil
(B) By Local Authority in default of owners ..	Nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ..	Nil

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ..	421
(2) Number of dwelling-houses in which defects were remedied after service of formal notices .. ..	
(A) By owners .. .. .	406
(B) By local Authority in default of owners ..	Nil

C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925—

(1) Number of representations made with a view to the making of Closing Orders .. .. .	Nil
(2) Number of dwelling-houses in respect of which Closing Orders were made .. .. .	Nil
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit .. .. .	Nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made .. .. .	Nil
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .	Nil

TABLE XII.—NOTIFIABLE DISEASES DURING 1925.

Disease	Total Cases Notified														Cases Admitted to Hospital	Total Deaths.													
	Under I year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total	Under I year		1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total		
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Cholera (C) Plague (P)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Erysipelas ... ..	...	...	...	...	...	...	1	1	4	12	12	8	38	1	...	...	...	...	...	...	...	...	1	1	2	4			
Diphtheria (incl. Mem. Croup)	4	1	5	6	5	27	14	10	11	1	1	...	85	75	2	1	...	1	1	1	...	...	1	...	...	7			
Scarlet Fever ... ..	...	2	12	17	35	118	55	23	16	3	1	...	282	219	...	...	...	3	...	1	2	...	...	...	...	6			
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
†Typhoid Fever ... ..	...	...	...	...	...	...	...	1	3	1	4	...	9	5	...	...	...	...	...	...	1	2	...	2	...	5			
Puerperal Fever ... ..	...	...	...	...	...	...	...	2	3	1	...	...	6	...	...	...	...	...	...	...	1	1	1	...	...	3			
Cerebro-Spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Ophthalmia Neonatorum	9	...	...	...	...	...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...			
Malaria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1			
Dysentery ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Trench Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Acute Enceph. Lethargica	...	...	...	...	...	...	1	1	3	...	3	...	8	6	...	...	...	...	...	...	...	2	...	...	...	2			
Acute Polio Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
‡Pneumonia ... ..	2	4	...	2	1	4	1	2	7	5	9	3	40	...	17	13	...	...	2	3	2	6	9	8	28	13	101		
*Whooping Cough ... ..	...	...	...	22	63	148	...	...	...	...	...	...	233	...	4	2	2	3	...	...	...	...	...	...	...	11			
*Chicken-pox ... ..	1	...	...	15	33	138	1	...	...	...	...	...	188	...	1	1	...	...	...	...	...	...	...	...	...	2			
*Measles ... ..	...	...	...	13	40	220	7	...	...	...	...	...	280	1	...	2	1	...	...	...	1	...	...	...	...	4			
Pulmonary Tuberculosis	1	2	2	...	...	2	4	4	18	15	24	1	73	64	...	1	1	...	...	1	1	5	20	16	15	...	60		
Other Forms Tuberculosis	...	2	...	...	...	4	6	5	7	1	4	...	29	...	1	2	1	...	...	1	4	2	5	1	2	...	19		
TOTAL ... ..	17	11	19	75	177	661	90	49	72	39	58	12	1280	371	25	22	5	7	3	7	10	15	40	27	49	15	225		

\* Not compulsorily notifiable. Information obtained chiefly through Head Teachers of Elementary Schools.

† Includes Para Typhoid Fever.

‡ The cases notified are Acute Primary and Acute Influenzal Pneumonia, but the deaths include all forms of Pneumonia.

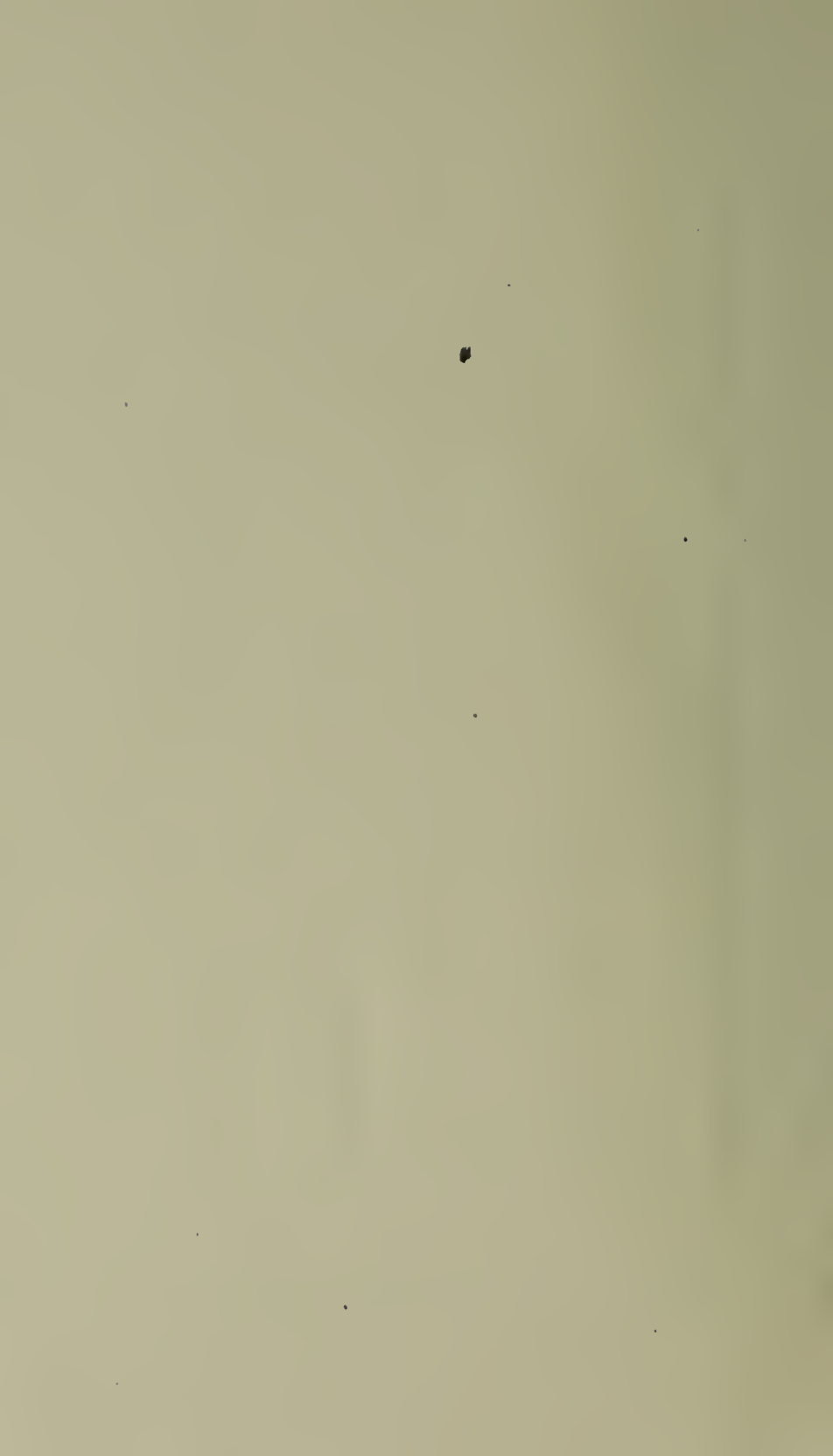






TABLE XIII.  
NOTIFICATIONS OF INFECTIOUS DISEASE  
during the years 1920 to 1925.

Disease	Years					Annual Average			1925
	1920	1921	1922	1923	1924	1910- 1914	1915- 1919	1920- 1924	
<b>Compulsorily Notifiable—</b>									
Small-pox ... ..	...	...	...	...	...	1.0	...	...	...
Scarlet Fever ... ..	274	368	502	421	248	421.2	87.6	362.6	282
Diphtheria (incl. Mem. Croup) ...	79	69	88	80	77	66.4	229.8	78.6	85
Typhoid Fever (incl. Continued Fever and Para Typhoid Fever)	8	3	3	9	12	14.4	9.6	7.0	9
Puerperal Fever ... ..	8	3	2	2	3	7.2	3.6	3.6	6
Erysipelas ... ..	28	36	31	22	26	61.0	51.0	28.6	38
†Acute Poliomyelitis ... ..	..	...	...	3	...	1.3	1.4	0.6	..
†Cerebro Spinal Fever ... ..	..	...	1	1	1	0.7	1.2	0.6	..
‡Ophthalmia Neonatorum ... ..	16	19	12	14	13	..	16.8	14.8	9
Pulmonary Tuberculosis ... ..	192	191	108	125	76	196.7	224.8	138.4	73
Other forms of Tuberculosis ...	45	34	51	55	35	127.5	83.2	44.0	29
*Malaria ... ..	9	7	1	2	1	...	..	4.0	..
*Dysentery ... ..	1	..	...	...	...	...	..	0.2	..
*Trench Fever ... ..	...	...	...	...	...	...	...	..	..
*Acute Enceph. Lethargica ...	2	2	...	...	13	...	..	3.4	8
*Pneumonia ... ..	43	42	62	36	58	...	..	48.2	40
<b>Not Compulsorily Notifiable—</b>									
Whooping Cough ... ..	79	17	195	81	22	207.6	153.6	78.8	233
Chicken-pox ... ..	223	117	123	201	300	219.2	152.2	192.8	188
Measles ... ..	353	276	478	88	859	717.6	1266.0	410.8	280
TOTAL ... ..	1360	1184	1657	1140	1744	1929.4	2314.2	1417.0	1280

\*Compulsorily notifiable since March 1st, 1919.

†Compulsorily notifiable from September 1st, 1912.

‡Compulsorily notifiable from April 1st, 1914.



TABLE XV.—Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during 1925.

Classification on admission to the Institution		Condition of time of discharge	Duration of Residential Treatment in the Institution												Total	
			Under 3 months			3-6 months			6-12 months			More than 12 months				
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS	Class T.B. minus	Quiescent .. ..	..	..	..	1	1	1	1	..	..	..	..	1	3	8
		Improved .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		No material imp't.	..	1	..	..	1	..	..	..	..	..	..	..	..	2
		Died in Institution	..	1	..	..	..	1	..	..	..	1	..	..	..	3
	Class T.B. plus Group 1	Quiescent .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
		Improved .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
		No material imp't. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Class T.B. plus Group 2	Quiescent .. ..	..	..	..	..	1	..	..	1	..	..	..	..	..	2
		Improved .. ..	..	4	..	5	1	..	2	2	..	1	1	..	..	16
		No material imp't.	2	2	1	4	..	..	1	..	..	1	1	..	..	12
		Died in Institution	2	2	..	2	1	..	1	1	..	..	1	..	..	10
	Class T.B. plus Group 3	Quiescent .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Improved .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		No material imp't.	..	1	..	..	1	..	..	..	..	..	..	..	..	2
		Died in Institution	1	1	..	..	..	..	..	..	..	..	..	..	..	2
NON-PULMONARY TUBERCULOSIS	Bones and Joints	Quiescent or Arrested	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Improved .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		No material imp't.	1	..	..	..	..	..	..	..	..	..	..	..	..	1
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Abdominal	Quiescent or Arrested	..	..	..	..	..	1	..	..	..	1	..	..	..	2
		Improved .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		No material imp't.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Other Organs	Quiescent or Arrested	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Improved .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
		No material imp't.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Peripheral Glands	Quiescent or Arrested	..	1	..	..	..	..	..	..	..	..	..	..	..	1
		Improved .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
		No material imp't.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Observation for purpose of diagnosis			Under 1 week			1—2 weeks			2—4 weeks			More than 4 weeks				
Non-tuberculous ..			.. .. .			.. .. .			.. .. .			.. 1 3			4	
Total .. 69																



TABLE XVI.

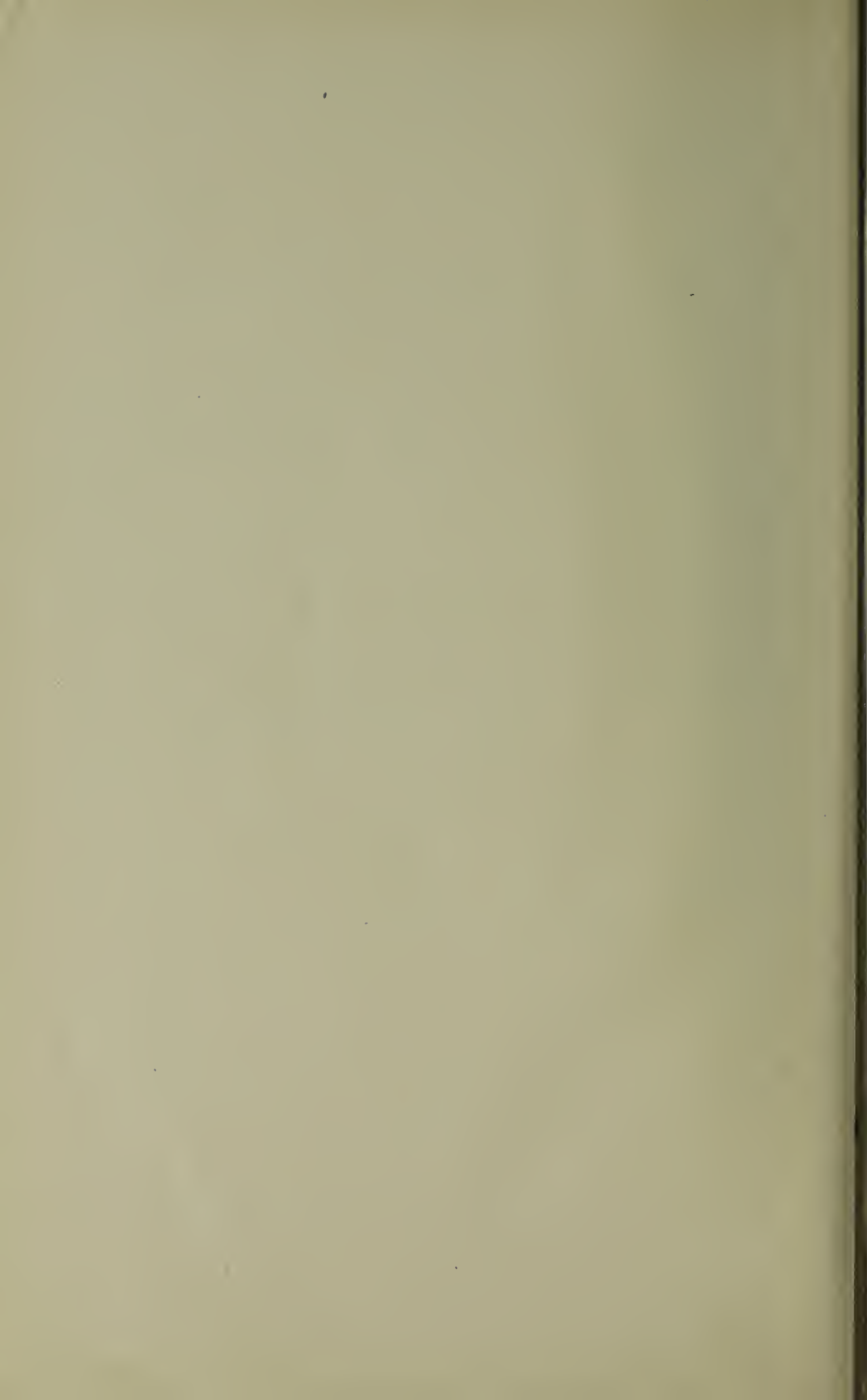
## RESIDENTIAL INSTITUTIONS.

(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS  
DURING THE YEAR 1925.

	Observation	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Total
		"Sanatorium" Beds	"Hospital" Beds	Disease of Bones and Joints	Other Conditions	
Adult Males ..	—	10	20	—	—	30
Adult Females ..	—	6	6	10		12
Children under 15	—	—	—			10
TOTAL ..	—	16	26	10		52

(B) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT  
DURING THE YEAR 1925.

			In Institutions on Jan. 1	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on Dec. 31
Number of Patients ..	Adults	M.	22	23	22	7	16
		F.	14	30	22	7	15
	Children	M.	1	5	3	—	3
		F.	6	3	3	1	5
Number of Observation Cases	Adults	M.	—	—	—	—	—
		F.	—	2	1	—	1
	Children	M.	1	1	2	—	—
		F.	1	—	1	—	—
	Total ..		45	64	54	15	40



# REPORT

ON THE

MEDICAL INSPECTION OF  
SCHOOL CHILDREN.

## COUNTY BOROUGH OF ROCHDALE.

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### To the Chairman and Members of the Education Committee.

I beg to submit the Eighteenth Annual Report of the Work of Medical Inspection of School Children in Rochdale during the year ended 31st December, 1925, which has been prepared by the Assistant School Medical Officer, Dr. Graham.

The assistance and co-operation rendered by Mr. J. E. Holden, the Education Secretary, and his Staff, in supplying information which has been included in this report is gratefully acknowledged.

#### Staff.

The School Medical Staff consists of one Chief Medical Officer, one Assistant School Medical Officer, one Dental Officer and an Assistant, two School Nurses.

In addition there is a part-time Ophthalmic Surgeon, who attends one hour per week.

#### Co-ordination.

The work of the School Medical Service is co-ordinated with that of the other health services under the Medical Officer of Health, who is Chief School Medical Officer :—

- (a) Infant and Child Welfare is under the care of a separate full-time Officer, who is on the staff of the Public Health Department. Records of children attending the Infant and Child Welfare Clinics are passed on to the School Medical Department as the children attain school age.
- (b) There are no **nursery schools** in the area of the Education Authority.
- (c) **Debilitated children** under school age attending school come directly under the care of the School Medical Service.

### ELEMENTARY SCHOOLS.

#### School Hygiene.

During the year painting and decorating has been carried out at the following schools :—

Inside—

Castlemere  
St. Peter's

Balderstone



Outside—

Baillie Street	Green Bank
Cronkeyshaw	Halifax Road
Derby Street	Meanwood

Inside and Outside—

Heybrook	Oakenrod
----------	----------

Improvements have been made in the sanitary accommodation in the following schools :—

Castlemere	Cronkeyshaw
Spotland	Halifax Road

The playgrounds have been repaired at :—

Heybrook	Halifax Road
Oakenrod	Green Bank
Milkstone	

### Medical Inspection.

(a) Three age groups have been inspected :—

“ **Entrants** ” (those who have been admitted to school at 3, 4 or 5 years of age) ;

“ **Intermediates** ” or eight-year-olds ; and

“ **Leavers** ” or twelve year olds.

Each school is visited twice annually for the purpose of inspection.

(b) The schedule of the Board (including the modifications issued in Circular 1,321, dated December 27th, 1923) has been followed in its entirety.

(c) In the majority of schools medical inspection takes place in one of the classrooms, thus necessitating two classes to be combined for the time. In 13 of the 29 schools, however, the teachers' room is used, thus causing no disturbance to school arrangements.

### Findings of Medical Inspection.

Number of Inspections by Medical Officer at Schools	..	..	6,240
Number of Inspections by Medical Officer at Examination Clinic			1,769
Number of Inspections by Specialist at Eye Clinic	..	..	481
Number of Inspections by Dental Officer at Schools	..	..	2,721

(a) **Uncleanliness.**—The average number of visits per annum made by the School Nurses to each school was 2.4. The percentage of children found to be unclean was 4.9. All cases of uncleanliness are followed up by the School Nurses. Home visits are paid and the children are instructed to attend the Clinic for inspection until discharged by the School Medical Officer. 405 Home Visits were paid during 1925. No legal proceedings were taken during the year. It has been found that the bringing of parents before the Education Committee is effective in enforcing the cleansing of the children. Families constantly attending school in an unclean condition are reported to the Inspector for the N.S.P.C.G. with beneficial results. Two cases have occurred during the year.

(b) **Minor Ailments.**—Children found during medical inspection suffering from minor ailments receive a written notice (M.I.4) requesting the parent to bring the child to the Inspection Clinic, when advice as to treatment is given by the School Medical Officer.

(c) **Tonsils and Adenoids.**—Still a large number of children have been found suffering from these defects. In cases selected for operative treatment the points considered were :—

- (1) The degree of enlargement ;
- (2) The nature of the enlargement. Acute cases do not benefit by operation, and these were recommended for medical treatment ;
- (3) The severity of the symptoms caused by the presence of enlarged tonsils and adenoids, e.g., mouth breathing, backward mental development and a weakened resistance to catarrhal infections.

The present scheme by which arrangements are made for the operations for the removal of tonsils and adenoids to be performed at the Infirmary by the Honorary Surgeons is very satisfactory. The treatment carried out in this way is most expeditious and efficient.

(d) **Tuberculosis.**—Children presenting definite clinical signs of Tuberculosis are seldom found during the routine inspections. Such clinical signs are usually absent until the disease has advanced to the degree of rendering the child unfit to attend school. The “pre-tubercular” child is unfortunately still common, and generally presents such symptoms as anæmia, malnutrition, deficient expansion of the chest, and often a functional disorder of the heart.

(e) **Skin Diseases and (f) External Eye Disease.**—Children found suffering from these diseases are advised to obtain treatment from their own family doctor or at the treatment clinic. A written notice (M.I.4) is sent to the parents if it is necessary for any treatment to be followed up at home.

#### OPHTHALMIC SURGEON'S REPORT.

(g) **Vision.**—481 children were referred for examination of their eyes and estimation of refraction, under the local Education Authority's Scheme. No treatment was considered necessary in 26 cases ; in 4 treatment other than the wearing of glasses was advised. The majority, consisting of 454 children, received prescriptions to obtain glasses. Spectacles were provided for 381 children.

Cases of squint requiring operation are treated at the Rochdale Infirmary. 9 cases suffering from this condition were treated at the Rochdale Infirmary by operation during the year under review.

PHILIP A. HARRY, M.D., D.P.H.

(h) **Ear Disease and Hearing.**—Children found during medical inspection suffering from ear disease or defective hearing are requested to attend the clinic with the parent, who is given advice as to the treatment necessary. Chronic otorrhoea and aural obstruction are the two most common defects.

**(i) Dental Defect.—****DENTAL OFFICER'S REPORT.**

I beg to submit the Annual Report of the Department. This report covers a period of only eight months, owing to the illness of my predecessor, Mr. A. H. Derwent. All the schools have been visited once, and 2,741 routine cases have been inspected. Of these no less than 2,042 were found to require treatment, many most urgently, and the number actually treated (including casuals) amounted to 2,726. Fillings numbered 642 and extractions 4,529. So far as the large number of extractions is concerned the chief reason for this total will be appreciated when one mentions that the average of dirty mouths is no less than 11 per cent. Certain schools have an appallingly high average in this respect, and a very strenuous effort is being made to improve matters. On the other hand a very pleasing feature is the perceptible increase in attendance of many parents with their children at the clinic, when the opportunity is taken to explain in simple manner the advantages of early attendance for treatment of any dental defects or for advice. A further gratifying feature is the appreciable drop in the number of refusals—these latter now number about 26 per cent—and I feel very confident of a further improvement during the ensuing year.

HENRY CANTOR, L.D.S., R.C.S.Eng.  
School Dental Surgeon.

**(j) Crippling Defects.**—There are, unfortunately, numerous school children who suffer from crippling defects. Rickets and Tuberculosis of the bones and joints are primary causes. The work of the Rochdale Crippled Children's Union in treating such cases continues to be very beneficial.

**Infectious Disease.**

The number of infectious diseases notified amongst school children during 1925 are shown in comparison with the figures for the previous year :—

							1924		1925
Scarlet Fever	..	..	..	..	..	..	181	..	193
Diphtheria	..	..	..	..	..	..	43	..	39
Measles	..	..	..	..	..	..	792	..	280
Whooping Cough		..	..	..	..	..	21	..	233
Chicken-pox	..	..	..	..	..	..	301	..	188

No schools were closed during the year as a result of the prevalence of any of the above infectious diseases, but in January, owing to an epidemic of Influenza several of the schools were closed from Thursday to Monday to allow for thorough disinfection.

Under Article 53 (b) of the Code 807 exclusion certificates were given.



### Following Up.

The parents of children found suffering from physical defects are notified on Form M.I.4, and are invited to attend the Clinic for advice as to treatment. If this is not taken advantage of, the parents are visited by a School Nurse, who endeavours to persuade them to seek advice from their own medical practitioner or at the General Hospital. At a later date these cases are again visited to ascertain what has been done.

Children found in routine examination with such defects are placed on special lists and again seen at a subsequent visit to the school by the School Medical Officer.

Second notices are sent if nothing has been done. In the majority of cases the parents exhibit readiness in seeking advice, and recognise their obligations to their children in the matter of their health.

### Medical Treatment.

(a) **Minor Ailments.**—There is a clinic five mornings per week for the treatment of minor ailments, at which the Assistant School Medical Officer and the School Nurses are in attendance. There is also one afternoon clinic per week for advice only, conducted by the Assistant School Medical Officer.

The School Clinics continue to be very popular. 1,769 children were seen by the Assistant School Medical Officer during the year.

At the Treatment Clinic 1,517 new cases were admitted; 1,450 were discharged cured, while the number of visits paid by children to the Clinic amounted to 13,396.

(b) **Tonsils and Adenoids.**—Advice regarding the treatment of these conditions is given at the Clinics. In those cases where operation is required the parents are notified by the School Medical Officer to obtain the advice of their own medical practitioner, or are referred direct to the General Infirmary under the scheme of the Education Authority.

These cases are followed up by the School Nurses, and all cases operated upon come up to the Clinic for examination in one month's time. Where treatment has been neglected a second notice is sent and another visit paid by the School Nurse.

(c) **Tuberculosis.**—The pre-tubercular child and cases showing the earlier signs of Tuberculosis, but still non-infectious, are admitted to the open-air School as vacancies occur. Cases in which the disease is more advanced are considered in consultation with the Tuberculosis Medical Officer. Most of these have received treatment at the Stannington Sanatorium for Children at Morpeth, and 17 children have been in residence there during the year. Of these 17 cases, 8 are still in residence, 8 have been discharged as cured, and



one boy returned home against medical advice. Of the 8 discharged cases 5 are in attendance at the ordinary elementary schools, 2 are now over school age and have obtained "full time" certificates, and 1 boy discharged as cured has returned to the Secondary School. 3 of the 5 children attending the elementary schools are to be admitted to the Open-air School as vacancies occur.

(d) **Skin Disease.**—Impetigo and Ringworm are the most prevalent diseases of the skin. These are treated either at the Clinic, or at home when circumstances do not permit their attendance at the Clinic. Obstinate cases of Ringworm requiring X-ray treatment are referred to the General Infirmary, but no cases necessitated such treatment during this year.

(e) **External Eye Disease.**—Treatment is carried out at the daily Clinics. Blepharitis and Conjunctivitis are the common ailments.

(f) **Vision.**—Cases of defective vision requiring correction are referred to the Ophthalmic Surgeon for refraction.

(g) **Ear Disease and Hearing.**—Minor troubles are treated at the Clinic under the supervision of the Assistant School Medical Officer. Cases requiring further treatment are sent to the General Infirmary under the scheme of the Education Authority.

(h) **Dental Defects.**—There is a full-time Dental Officer who carries out routine inspection and treatment of dental defects.

(i) **Crippling Defects and Orthopædics.**—Children suffering from crippling defects are referred to the Rochdale Crippled Children's Union, who receive suitable cases in their Home at Norden for operation and treatment.

(j) **Goitre** (simple enlargement of the Thyroid Gland).—72 children have been treated at the Clinic for "Goitre." Small doses of Potassium Iodide have been administered to them in tablet form. The majority of the children are twelve to fourteen years of age. Of the 72 children who have had treatment 63 have shown no further enlargement during the period of treatment; 3 show a decrease in neck measurement, and in 6 of the cases an increase varying from .2 to .5 of an inch. The treatment is being continued and is carried out by the Assistant School Medical Officer. The number of children at the age of twelve years in whom the Thyroid Gland was sufficiently enlarged for the increase in the size of the neck to be noticed on casual inspection (without measurement or palpation) is shown as follows :—

(A) Boys—Aged 12 years :—

Number examined	..	..	..	..	698
Number with Enlarged Thyroid	..	..	..	..	31
					<hr/> 4.4 per cent.

(B) Girls—Aged 12 years :—

Number examined	..	..	..	..	704
Number with Enlarged Thyroid	..	..	..	..	78
					<hr/> 11.7 per cent.

**Open-air Education.—**

(A) Playground Classes .. .. . Nil

(B) School Journeys.

School journeys into the country for nature studies are regarded as an effective means of promoting education. As the approval of the arrangements made by the teachers for every journey is obtained from H.M. Inspector of Schools before the day is fixed, it may be assumed that they are satisfactory.

(c) School Camps .. .. . Nil

(D) Open-air Classrooms .. .. . Nil

(E) Open-air Day School.—The new Open-air Day School at Brownhill was opened in January by His Worship the Mayor of Rochdale. The school was opened to the public for two afternoons, and there were large attendances of parents and friends on both occasions. The beautiful old mansion, the former home of Captain Royds, has admirably served all domestic and administrative purposes, while the garden and conservatory have been a source of constant delight to the children, who are able to obtain a useful knowledge of gardening under the most favourable conditions. The school building, which is a short distance from the house, is equipped on the most approved principles of the open-air day school, and allows full facilities for the maximum amount of fresh air and sunshine to reach the children while lessons are in progress. During the past year 173 children have been in attendance. Of these 94 were suffering from Cervical Adenitis, bad nutrition, and loss of weight, and were classified as the "Pre-tubercular" type; 56 were suffering from Anaemia and general debility, and 23 from various forms of Heart Disease. The improvement in the physical condition of the children during their period of attendance has been most striking, and it is found in the majority of cases that a period of six months is sufficient so to raise the standard of health that the benefit is a permanent one.

**Physical Training.**

There are three physical instructors; two whole-time and one part-time. These instructors treat special cases referred to them by the School Medical Officer and report to him any cases requiring treatment.

**Provision of Meals.**

150 children have been provided with meals during the year, 44,694 meals served as compared with 312 children and 94,980 meals the previous year. This considerable decrease in the number of applications for free meals indicates that there was less poverty in the borough.

### **School Baths.**

During the summer season all schools send scholars (boys and girls) to the Baths for swimming practice. One school has slipper baths. No shower baths are provided in the schools.

### **Co-operation of Parents.**

Before the routine medical inspection of children the parents are notified by the teachers of the approaching examination, and are invited to be present. This year there has been a considerable increase in the number of parents in attendance at the medical inspection at the schools, which is significant of the growing interest that is being taken in the work.

In regard to the subsequent treatment of any defects found, parents are notified regarding :—defective vision, marked enlargement of tonsils, organic heart disease, and conditions which require medical treatment apart from the treatment provided by the clinic for minor ailments.

### **Defective Vision.**

These cases are notified to the parents on a special form (M.I.6), which is sent to the school to be taken by the child to its parents. This form requests the parents to bring the child to a clinic by the Ophthalmic Surgeon, or in the event of their being unable to attend, to give notice by writing whether they are willing or not that the examination be made and the necessary drops used.

### **Tonsils and Adenoids.**

The co-operation of the parents in the treatment of these defects has been outlined previously. Though there is occasionally some delay in seeking treatment, there are very few cases in which it is absolutely neglected.

### **Heart Disease.**

In cases of serious disease of the heart and circulation the parents are visited by the School Nurse, who endeavours to advise the parents regarding the seriousness of the condition and to persuade them to consult a medical practitioner, who can keep the child under observation. The special form (M.I.5) is sent to parents in all these cases, inviting them to attend the afternoon clinic, where they receive advice from the Assistant School Medical Officer. All along the co-operation of the parents is solicited, and the means adopted generally meet with success.

### **Co-operation of Teachers.**

**Medical Inspection.**—The teachers inform the parents of the inspection, enter the child's age and the date of inspection on the card and take heights and weights.



**Following Up.**—Children requiring treatment at the Clinic are notified to the teacher, who sees that they attend regularly.

**Medical Treatment.**—Children are referred by the teachers to the clinic for treatment. Those suffering from skin diseases, wounds, or obvious illness form the majority of cases. The teachers are sometimes able to give histories of the children, which are useful in regard to further treatment.

**Following up in Cases of Defective Vision.**—Where parents neglect either to procure the glasses prescribed for their child or to make a statement regarding their income so that glasses may be provided free of charge, a notice is sent to the parents informing them that they are liable to a penalty through neglect of proper care of their child's health. The parent is then summoned to appear before the School Attendance Committee if nothing is done after receiving the notice. Occasionally, cases neglecting to provide glasses have been referred to the N.S.P.C.C.

**Co-operation of School Attendance Officers.**—Children who are unfit for attendance at school and under treatment at the daily clinics are referred to the Attendance Officer when regular attendance is not made. The Attendance Officers also refer to the School Medical Officer certain cases of absence where illness is given as a reason but no medical certificate is produced. These cases are seen by the School Medical Officer and a certificate of fitness or unfitness for attendance at school is given. The work of the medical service and the Attendance Officers is further co-ordinated by the fact that a duplicate of all certificates is sent to the officer concerned, another to the teacher, and the original is retained by the School Medical Officer.

#### **Co-operation of Voluntary Bodies.**

Children requiring medical treatment are occasionally referred to the School Medical Officer by the Inspectors of the N.S.P.C.C. Cases in which the School Medical Officer considers that there is neglect at home are referred to the N.S.P.C.C. These children remain under the observation of the Society. In regard to medical treatment the Rochdale Crippled Children's Union undertakes the care and treatment of deformed and crippled children at their Home at Norden. Suitable cases are referred by the School Medical Officer for treatment.

#### **Blind, Deaf, Defective and Epileptic Children.**

Children who are found to be blind or deaf to such a degree as to be unsuitable for attendance at an ordinary school are sent to special institutions. There are no such institutions maintained in the educational area. In the case of the blind, after certification by the Ophthalmic Surgeon, these children are sent to various institutions, the cost of their maintenance being borne by the Education Authority. Parents whose circumstances permit contribute towards the cost.



In a similar way deaf children are maintained at various places.

There is no special school for Defective and Epileptic Children. When such are found, after examination by the School Medical Officer, their case is transmitted to the Manchester Education Authority for admission to their homes.

There are still a considerable number of mentally backward children attending the ordinary schools, and several defectives whose parents will not consent to their being sent to special schools.

These children are being classified and one or more special classes will be provided in this area so that the children may be instructed by the approved methods for the training of the mental defective.

There is no After-care Committee in Rochdale.

### **The Secondary School.**

The Secondary School came under the Authority's scheme of medical inspection and treatment in 1920. Similar provision is made for it as for the Elementary Schools.

### **Continuation Schools.**

No medical service has been arranged for Evening Schools. There are no Continuation Day Schools.

### **Employment of Children and Young Persons.**

The half-time system of employment of children under 14 years of age has been ended. No children are employed out of school hours unless they have first obtained from the School Medical Officer a certificate that such employment will not be prejudicial to their health and will not render them unfit to obtain the proper benefit from their education. This certificate is endorsed by the employer.

*A. G. Anderson*

Medical Officer of Health and  
Chief School Medical Officer.

TOWN HALL,  
ROCHDALE.

April 15th, 1926.

TABLE I.

## Return of Medical Inspections, 1st January to 31st December, 1925.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—						Elementary Schools		Secondary Schools	
Entrants ..	..	..	..	..	..	1822	..	117	..
Intermediates ..	..	..	..	..	..	1083	..	229	..
Leavers ..	..	..	..	..	..	1410	..	42	..
Total ..	..	..	..	..	..	4315	..	388	..

## B.—OTHER INSPECTIONS.

Number of Special Inspections ..	..	..	..	..	..	2882	..	—	..
Number of Re-inspections ..	..	..	..	..	..	3196	..	—	..
Total ..	..	..	..	..	..	6078	..	Nil.	..

TABLE II.

## A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

Defect or Disease  (1)						Routine Inspections				Special Inspections	
						No. of Defects				No. of Defects	
						Requiring treatment (2)		Requiring to be kept under observation, but <b>not</b> requiring treatment (3)		Requiring treatment Requiring to be kept under observation, but <b>not</b> requiring treatment. (5)	
						E.	S.	E.	S.	E.	E.
Malnutrition .. .. .						9	..	..	..	3	..
Uncleanliness .. .. .						33	..	..	..	63	..
(See Table IV., Group V.)											
Skin	Ringworm—										
	Scalp .. .. .					4	..	..	..	38	..
	Body .. .. .					..	..	..	..	53	..
	Scabies .. .. .					..	..	..	..	..	..
	Impetigo .. .. .					13	..	..	..	155	..
	Other Diseases (non-Tuberculous) ..					1	..	..	..	197	1

TABLE II.—(continued).

					E.	S.	E.	S.	E.	E.	
Eye	{	Blepharitis .. .. .	..	..	12	..	..	..	40	..	
		Conjunctivitis .. .. .	..	..	1	..	..	..	20	..	
		Keratitis .. .. .	..	..	..	..	..	..	..	..	
		Corneal Opacities .. .. .	..	..	3	..	..	..	1	..	
		Defective Vision (excluding Squint) ..	228	..	18	..	305	..	..	..	
		Squint .. .. .	..	..	22	84	2	..	13	2	
		Other Conditions .. .. .	..	..	1	..	..	..	13	..	
Ear	{	Defective Hearing .. .. .	..	..	..	..	..	1	..		
		Otitis Media .. .. .	..	..	4	..	..	..	28	..	
		Other Ear Diseases .. .. .	..	..	4	..	..	..	68	..	
Nose and Throat	{	Enlarged Tonsils only .. .. .	..	..	68	..	20	..	21	3	
		Adenoids only .. .. .	..	..	2	..	1	..	28	1	
		Enlarged Tonsils and Adenoids .. .. .	..	..	6	..	..	..	19	1	
		Other Conditions .. .. .	..	..	2	..	..	..	38	2	
Enlarged Cervical Glands (Non-Tuberculous)					..	3	..	4	..	93	..
Defective Speech .. .. .					..	12	..	..	..	15	1
Teeth—Dental Diseases											
(see Table IV., Group IV.)											
Heart and Circulation	{	Heart Disease—									
		Organic .. .. .	..	..	5	..	131	8	17	31	
		Functional .. .. .	..	..	2	..	65	21	4	13	
		Anæmia .. .. .	..	..	..	3	12	..	73	3	
Lungs	{	Bronchitis .. .. .	..	..	..	6	18	..	49	5	
		Other Non-Tuberculous Diseases .. .. .	..	..	1	..	8	..	9	2	
Tuber- culosis	{	Pulmonary—									
		Definite .. .. .	..	..	..	..	..	..	3	..	
		Suspected .. .. .	..	..	1	..	10	3	35	..	
		Non-pulmonary—									
		Glands .. .. .	..	..	..	..	3	..	17	..	
		Spine .. .. .	..	..	..	..	..	..	..	..	
		Hip .. .. .	..	..	..	..	..	..	..	..	
		Other Bones and Joints .. .. .	..	..	1	..	..	..	3	1	
		Skin .. .. .	..	..	..	..	..	..	..	..	
Nervous System	{	Other Forms .. .. .	..	..	..	..	..	..	3	..	
		Epilepsy .. .. .	..	..	..	..	1	..	8	..	
		Chorea .. .. .	..	..	..	..	2	..	11	..	
		Other Conditions .. .. .	..	..	1	..	2	..	16	2	
Deform- ities	{	Rickets .. .. .	..	..	1	..	2	..	..	..	
		Spinal Curvature .. .. .	..	..	2	..	3	..	3	..	
		Other Forms .. .. .	..	..	1	..	1	..	5	..	
Other Defects and Diseases .. .. .					5	4	3	..	419	2	

**B.—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding uncleanliness and dental diseases).**

Group	Number of Children				Percentage of Children found to require treatment (see note d)		
	Inspected		Found to require treatment				
Code Groups—	E.	S.	E.	S.	E.	S.	
Entrants .. ..	1822	117	85	} ..	4.6	} ..	
Intermediates ..	1083	229	140		97		12.9
Leavers .. ..	1410	42	240		..		17.
Total (code groups) ..	4315	388	465	..	10.7	..	
Other routine inspections	..	..	..	..	..	..	

E.—Elementary Schools.      S.—Secondary Schools.



TABLE III.—Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind .. .. Attending Public Elementary Schools .. .. At other Institutions .. .. At no School or Institution	..	1	1
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind .. .. Attending Public Elementary Schools .. .. At other Institutions .. .. At no School or Institution	5 .. .. ..	2 1 .. ..	7 1 .. ..
	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf .. .. Attending Public Elementary Schools .. .. At other Institutions .. .. At no School or Institution	3 .. .. ..	6 .. .. ..	9 .. .. ..
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf .. .. Attending Public Elementary Schools .. .. At other Institutions .. .. At no School or Institution	1 1 .. ..	1 .. .. ..	2 1 .. ..
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children .. ..	2	..	2
		Attending Public Elementary Schools .. ..	35	9	44
		At other Institutions .. ..	2	2	4
		At no School or Institution	2	3	5
	Notified to the Local Control Authority during the year.	Feeble-minded .. ..	..	..	..
		Imbeciles .. ..	1	2	3
		Idiots .. ..	..	..	..
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics .. ..	..	2	2
		In Institutions other than Certified Special Schools	1	1	2
		Attending Public Elementary Schools .. ..	1	..	1
		At no School or Institution	4	1	5
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools .. ..	12	5	17
		At no School or Institution	..	..	..

			Boys	Girls	Total
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	2	3	5
		At other Institutions ..	..	1	1
		At no School or Institution ..	..	1	1
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	..	..	..
		At Certified Residential Open-air Schools ..	..	..	..
		At Certified Day Open-air Schools .. .. .	13	8	21
		At Public Elementary Schools .. .. .	11	13	24
		At other Institutions ..	..	..	..
		At no School or Institution ..	2	4	6
	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open-air Schools ..	..	1	1
		At Certified Day Open-air Schools .. .. .	28	41	69
		At Public Elementary Schools .. .. .	64	41	105
		At other Institutions ..	23	36	59
		At no School or Institution ..	1	1	2
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .. .. .	..	3	3
		At Public Elementary Schools .. .. .	4	3	7
		At other Institutions ..	..	..	..
		At no School or Institution ..	2	2	4
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools .. .. .	..	..	..
		At Certified Residential Cripple Schools .. ..	14	12	26
		At Certified Day Cripple Schools .. .. .	..	..	..
		At Public Elementary Schools .. .. .	23	26	49
		At other Institutions ..	3	..	3
		At no School or Institution ..	2	2	4

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1925.

## TREATMENT TABLE.

GROUP I.—Minor Ailments (excluding uncleanliness, for which see Group V.).

Disease or Defect (1)	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN—			
Ringworm—Scalp .. .. .	59	4	63
Ringworm—Body .. .. .	85	..	85
Scabies .. .. .	..	..	..
Impetigo .. .. .	464	1	465
Other skin disease .. .. .	177	1	178
MINOR EYE DEFECTS .. .. . (External and other, but excluding cases falling in Group II.).	235	1	236
MINOR EAR DEFECTS .. .. .	245	1	246
MISCELLANEOUS .. .. . (e.g., minor injuries, bruises, sores, chilblains, etc.)	997	7	1004
TOTAL .. .. .	2262	15	2277

TABLE IV.—(Continued).

GROUP II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease (1)	Number of Defects dealt with			
	Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme (3)	Otherwise (4)	Total (5)
Errors of Refractions including Squint). (Operations for Squint should be recorded separately in the body of the Report). ..	481	4	..	485
Other Defect or Disease of the eyes (including those recorded in Group I.) .. .. .	9	..	..	9
Total .. .. .	490	4	..	494

Total Number of children for whom spectacles were prescribed :—

(A) Under the Authority's Scheme	..	..	..	..	..	454
(B) Otherwise	..	..	..	..	..	4

Total Number of children who obtained or received spectacles :—

(A) Under the Authority's Scheme	..	..	..	..	..	381
(B) Otherwise	..	..	..	..	..	4

### GROUP III.—Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment			Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme (2)	Total (3)		
87	19	106	21	127

TABLE IV.—(Continued).

### GROUP IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist—

Aged—

Routine Age Groups	{	5.....		}	Total 2721
		6.....	873		
		7.....	821		
		8.....	969		
		9.....	9		
		10.....	6		
		11.....	19		
		12.....	15		
		13.....	7		
		14.....	2		
Specials .....					58
Grand Total .....					2779

(b) Found to require treatment during Inspection	..	..	2042
(c) Actually treated (including Casuals)	..	..	2626
(d) Re-treated during the year as the result of periodical examination	..	..	425



(2) Half-days devoted to—	Inspection	..	72						
	Treatment	..	288	Total	..	..	..	360	
(3) Attendances made by children for treatment		..	..	..	..	..	..	2726	
(4) Fillings—	Permanent teeth	..	..	497					
	Temporary teeth	..	..	145	Total	..	..	642	
(5) Extractions	Permanent teeth	..	..	422					
	Temporary teeth	..	..	4107	Total	..	..	4529	
(6) Administrations of Local anaesthetics for extractions		..	..	..	..	..	..	343	
(7) Other operations	Permanent teeth	..	..	250					
	Temporary teeth	..	..	242	Total	..	..	492	

#### GROUP V.—Uncleanliness and verminous conditions

(i.) Average number of visits per school made during the year by the	School Nurses	..	..	..	..	..	..	..	2.4
(ii.) Total number of examinations of children in the Schools by School	Nurses	..	..	..	..	..	..	..	12323
(iii.) Number of individual children found unclean		..	..	..	..	..	..	..	575
(iv.) Number of children cleansed under arrangements made by the	Local Education Authority	..	..	..	..	..	..	..	—
(v.) Number of cases in which legal proceedings were taken :—									
	(a) Under the Education Act, 1921	..	..	..	..	..	..	..	Nil
	(b) Under School Attendance Byelaws	..	..	..	..	..	..	..	Nil

